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Department for Work and Pensions

Research Report No 595

Provider-led Pathways: Experiences and views of early implementation

Katharine Nice, Jacqueline Davidson and Roy Sainsbury

A report of research carried out by the Social Policy Research Unit, University of York on behalf of the Department for Work and Pensions

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Summary

Introduction

Provider-led Pathways is the final phase of the national roll-out of the Pathways to Work initiative that was first introduced in 2003. It provides information, advice and practical help to people receiving incapacity benefits to help them take up paid employment. Provider-led Pathways is delivered by private companies and not-for-profit third sector organisations rather than Jobcentre Plus.

This report presents findings from qualitative research carried out in 2008 to explore experiences of the early implementation of the Provider-led Pathways programme from the perspectives of incapacity benefits recipients, staff of provider organisations, and staff of the Department for Work and Pensions (DWP) and Jobcentre Plus. The study was commissioned by DWP and led by the Social Policy Research Unit (SPRU) at the University of York in collaboration with the National Centre for Social Research (Natcen) and the Policy Studies Institute (PSI).

The study comprised the collection and analysis of qualitative data gathered in face-to-face and group interviews with key actors in six Jobcentre Plus districts in Great Britain, including:

- 30 incapacity benefits recipients;
- 38 staff of provider organisations;
- 46 staff of DWP and Jobcentre Plus.

The study focused on the key areas of:

- Pathways clients' experiences of referral process from Jobcentre Plus to a provider organisation;
- clients' experiences of compulsory work-focused interviews and support provided;
- provider organisation staff experiences of the handover of clients from Jobcentre Plus;

- liaison arrangements between Jobcentre Plus and provider organisations;
- performance monitoring and contract management by Jobcentre Plus and DWP.

The research was designed to provide early feedback from key players in order to inform the development of policy and practice.

Experiences and views of Jobcentre Plus advisers, Third Party Provision Managers and Contract Managers

Third Party Provision Managers (TPPMs) and Contract Managers were largely supportive of the concept of a 'black box' contract, giving providers discretion to design service structure and content. However, the findings show that a lack of guidance for providers meant that TPPMs and Contract Managers spent a large proportion of their time giving providers advice and assistance regarding day-to-day management and procedural matters. It was not always clear how responsibility for monitoring aspects of provider delivery was divided between TPPMs and Contract Managers, and there was also some dissatisfaction with the level of scrutiny afforded by management information, especially where the only information available was produced by providers.

The new divisions of responsibility between providers and Jobcentre Plus had resulted in some uncertainty among advisers regarding the use of waivers and deferrals, and variation between advisers in the conduct of the first work-focused interview. Advisers were also uncertain about whether they should provide help to people who returned to Jobcentre Plus for assistance after being referred to the provider. In addition, many advisers felt that their level of job satisfaction had reduced since responsibility for case managing and supporting clients had been transferred to provider organisations, and whilst the future of their role seemed uncertain.

Jobcentre Plus advisers' knowledge of the interventions offered by the provider varied, and was more advanced where advisers had regular opportunities to meet provider staff and to discuss their relative roles. Such opportunities for collaboration between all levels of provider and Jobcentre Plus staff were also thought to be useful for resolving tensions, building rapport, sharing good practice, highlighting problems, giving staff ownership of responses to problems, and discussing individual cases. Closer working relationships developed where individuals initiated informal contact with their counterpart at the provider organisation or Jobcentre Plus. This was in contrast to Jobcentre Plus advisers who felt removed from provider staff, or that the contact made by provider staff was a nuisance.

Jobcentre Plus advisers, TPPMs and Contract Managers raised a number of concerns about the ways providers were delivering the programme, such as the levels of staff expertise and staff turnover; not using established networks of support or the Condition Management Programme as much as expected; not providing

what was expected; approaches to sanctioning; and prioritising targets over the needs of individuals. One of the most significant concerns was that providers were under-performing, primarily because they had set unrealistic job outcome targets.

Experiences and views of provider frontline staff and managers

Feedback from provider staff and managers suggests that procedures for delivering Pathways were not always working efficiently. A number of problems associated with the handover of clients from Jobcentre Plus were identified and considered to have reduced providers' opportunities to engage people and achieve job outcomes. These problems included perceptions that Jobcentre Plus advisers were not 'selling' Pathways well enough to ensure people attended further interviews and engaged with the programme; inadequate information from Jobcentre Plus advisers about clients; and technical problems that meant notification of the first provider interview was delayed or not sent to some people at all. Furthermore, provider staff and managers were unhappy about the volume of paperwork (in particular, the burden of work associated with following up non-attendance and applying for benefit sanctions), and the length of time it took to apply sanctions to payments.

Provider frontline staff described establishing good relationships with Jobcentre Plus staff where they (and advisers) had been willing to work together and communicate regularly. Having pre-existing relationships with Jobcentre Plus staff was also helpful. One benefit of collaborating with advisers was that provider staff gained insights about individual clients and ideas for meeting their needs. Poor or underdeveloped relationships existed where provider staff perceived barriers to initiating contact with advisers, or found advisers 'difficult'.

Provider staff had a diverse range of previous work experience, with a mix of those who had experience of working with the client group, or in employment services, and those who did not. For a number of providers, it had been a struggle to recruit the right people, and many had lost staff within the first few weeks and months of the contract. At present, most managers were satisfied that they had enough staff to meet demand, although some staff felt that shortages in personnel had led to large caseloads, staff being asked to cover other roles, and services being temporarily unavailable.

In some cases, the lack of knowledge and experience amongst provider staff meant that practice did not always follow policy. Thus, some provider staff were not always sufficiently equipped with knowledge to meet all client needs and in some cases had felt it necessary to signpost clients to other sources of information (such as Citizens Advice). There were examples of not understanding the relationship with Jobcentre Plus regarding service provision, leading to situations where Jobcentre Plus advisers were asked to provide client support (such as better-off calculations) or, conversely, referrals to Disability Employment Advisers (DEA) (and specialist disability interventions) were not considered.

Most providers described using a range of in-house, sub-contracted and external provision. In-house services involved a variety of work-related support, such as careers advice, training or job brokering. Mostly, the Condition Management Programme had been sub-contracted and views about the programme's usefulness were mixed. Close working relationships had been struck up with sub-contractors and other external organisations where they delivered interventions at the Pathways provider's premises, and where staff liaised with each other throughout the client's engagement with the service. However, sub-contracting different components of provision (for example, separating work-focused interviews from the delivery of interventions) could sometimes lead to inconsistent and inadequate support for clients.

Provider staff outlined a number of ways in which they thought Pathways had helped people, including:

- motivating people using better-off calculations;
- encouraging and assisting people to take up voluntary work or training as a step towards paid employment;
- helping some people to think positively about work;
- supporting people to make positive life changes (such as taking more care about their appearance); and
- helping people to stay in work.

However, most providers perceived that clients were, on the whole, harder to help than they had anticipated. Some staff observed a tension between meeting targets and meeting clients' needs and there were concerns that job outcome targets were being prioritised ahead of clients' wellbeing and ability to sustain employment. Finding it harder than expected to engage or to help people was thought to be a significant reason why providers were currently underperforming against the targets they had set themselves in their contracts. Other reasons for not meeting targets were perceiving financial support for transitions into work as insufficient, and experiencing problems reaching the expected number of referrals from Jobcentre Plus.

Experiences and views of incapacity benefits recipients taking part in Provider-led Pathways

Among the clients interviewed, views and capabilities concerning health and paid work varied. It was possible to divide people into three sub-groups according to views held at the time of their first contact with the provider:

- people who were thinking about paid work and, in some cases, taking steps towards it;
- people who were not thinking about paid work in the near future because of their health or caring responsibilities;
- people who wanted paid work but who thought it an unlikely possibility.

By the time of the research interview some people had moved into paid work, most of whom were from group one above. Those who moved into paid work from group two attributed this move to support from the Pathways provider and support from personal networks. No one from the third sub-group moved nearer to work.

Evidently, not everyone had been informed about Provider-led Pathways by Jobcentre Plus staff in a face-to-face interview. Instead, some people said they had heard about their obligation to attend provider interviews via a letter either from Jobcentre Plus or from the provider. There were varying understandings of what the provider organisation was or of what they would offer. Whilst most people understood that the provider was something to do with paid work and that they might face a cut in their benefit if they did not attend, there were also people who felt that they had not received enough information about the provider. These people had not understood that their attendance was mandatory, that sanctions could be applied if they failed to attend, or that they were required to attend more than one interview.

People who were aware of the threat of sanctions generally thought that this was unnecessary because they would have gone to the provider willingly, or inappropriate because people might be unwell and unable to attend. Miscommunications between provider staff had resulted in letters about sanctions being sent to people who had missed an appointment but who had notified staff of their reason.

The support received by people from providers included emotional support (encouragement and motivation from personal advisers), practical assistance (for example, intensive one-to-one job search help, arranging health interventions, or helping to construct a CV), and information and access to financial assistance (such as in-work tax credits and benefits).

Some people's progress had been affected by the timing of medical examinations connected to their benefit claim. People were often disappointed and felt let down when they lost eligibility for incapacity benefits, and with it eligibility for provider support, after a medical examination. Often, these people felt that their health condition had not improved and that they would have valued more intensive help to find work, especially where they found the Jobseeker's Allowance regime hard to comply with.

Overall views about the usefulness of Pathways varied. Some people thought that employers would perceive them as 'unemployable' and that Pathways offered little to combat this barrier. A number of people felt differently, perceiving that they had benefited from their contact with the provider and, sometimes, that the support from provider staff had been influential in their move into paid work. Most who had found paid employment said that Pathways had made the journey to paid work easier, but that ultimately it was their own determination to work that was the most important reason. It was also noticeable that these people had found paid work (or self-employment) that they were able to fit around the effects of their health condition or caring responsibilities.

At the time of the research interview, a range of outstanding support needs were identified by people who were thinking about or taking steps towards paid work, some of whom were still in contact with the provider. Some people who had come to the end of the mandatory interviews wanted to continue their contact and had arranged to do so. Those who did not want further contact had not found their experience of the provider beneficial. There were also people who had no immediate plans to access help from the provider, but were aware that they could return any time in the next three years if they wanted to.

Conclusions and discussion

This study of the early implementation of Provider-led Pathways sought to explore early experiences and views of key informants. It was not within the remit of the study to assess the impact of the programme, nor to compare Pathways contractors' performance with Jobcentre Plus's delivery of the programme. There will be further evaluation research on Provider-led Pathways over the coming years that will address the questions of the impact and cost-effectiveness of delivering government welfare to work programmes via contracted-out services. Although an 'early implementation' study cannot answer these questions, the findings have provided insights into what was working well and problems that had emerged during the early months of Provider-led Pathways.

The following experiences demonstrated ways in which the programme was working well:

- finding provider staff pleasant and helpful;
- feeling that the environment within provider premises was hospitable, and a more inviting place than Jobcentre Plus;
- meeting needs, where people felt the support received was beneficial and appropriate;
- challenging people to think differently about their employment prospects;
- contributing to people's progress and movements into work, by providing encouragement, financial support and access to other helpful provision.

A number of problems that were experienced might be considered 'teething problems' because they are likely to diminish with the increased knowledge and experience that will build up over time. These included:

- a variety of procedural and technical problems regarding referrals and contacting clients;
- a lack of knowledge among Jobcentre Plus advisers (of provider services) and provider staff (of certain forms of in-house and external provision).

However, there were also problems that might require changes to policy or guidance. These problems included:

- the way that provider staff are incentivised to focus on people who are considered job ready and leave those furthest from work inadequately supported, because of the way providers are contracted to deliver job outcomes and are paid according to the number achieved;
- uncertainty about divisions between roles and responsibilities regarding the use of waivers and deferrals, service provision and case management;
- a perceived lack of guidance for providers in operating day-to-day procedures and for delivering particular interventions such as the Condition Management Programme;
- the loss of support to people who may still need it to re-enter the labour market because they lose entitlement to incapacity benefits;
- unmet needs, where the support offered was not tailored to suit the individual;
- a lack of choice for clients regarding who provides support and the burden on Jobcentre Plus staff when people return for assistance.

1 Introduction

This report presents findings from qualitative research carried out in 2008 to explore experiences of the Provider-led Pathways programme from the perspectives of incapacity benefits recipients, staff of provider organisations, and staff of the Department for Work and Pensions (DWP) and Jobcentre Plus in the early phase of implementation. The study was commissioned by DWP and led by the Social Policy Research Unit (SPRU) at the University of York in collaboration with the National Centre for Social Research (Natcen) and the Policy Studies Institute (PSI). The research was designed to provide early feedback from key players in order to inform the development of policy and practice.

Provider-led Pathways refers to the final phase of the national roll-out of the Pathways to Work initiative that was first introduced in 2003 in seven pilot areas and had been extended to 17 further areas by 2006. In all of these areas Pathways to Work was delivered by Jobcentre Plus on behalf of DWP. In 2007, DWP announced that the programme was to be extended to the remaining 31 districts in Great Britain but in a departure from previous policy, services would be provided by a mix of private companies and third sector (i.e. voluntary, and not-for-profit) organisations rather than Jobcentre Plus (hence the name Provider-led Pathways).

Provider-led Pathways was implemented in two stages, in December 2007 and April 2008. Although a programme of evaluation research has been planned by DWP to test its success or otherwise, this will not deliver findings until 2010. Therefore, in order to provide early feedback to DWP on the operation of Provider-led Pathways the research reported here was commissioned.

1.1 Policy and operational context

1.1.1 **Provider-led Pathways and Jobcentre Plus-led Pathways**

Since its inception the Pathways to Work programme, as delivered by Jobcentre Plus, has been based on a number of central components:

- a requirement placed on new claimants of incapacity benefits to attend a series of work-focused interviews;
- the establishment of new, specialist teams of Personal Advisers to advise and support claimants;
- a range of services and financial measures provided by Jobcentre Plus and by external provider organisations (called collectively the 'Choices' package) available to claimants to encourage and support their progress towards a return to work. Included in the Choices package are new measures introduced as part of Pathways to Work – the *Condition Management Programme*, *In-Work Support*, and *Return to Work Credit* – alongside existing disability employment programmes and financial support, including:
 - *access to Disability Employment Advisers*;
 - *the New Deal for Disabled People*;
 - *WORKSTEP*;
 - *Access to Work and Residential Training Colleges*.

Under Provider-led Pathways provider organisations have been given a large degree of autonomy in how they deliver the Pathways programme (what has become known as the 'black box' approach). Contracts between DWP and provider organisations stipulate that a series of work-focused interviews is carried out with clients and that each provider must offer some form of *Condition Management Programme*.¹ Providers must also provide tailored, work-focused support alongside a personal action plan. However, apart from these requirements, provider organisations are largely free to decide what services they offer within the 'black box', including the freedom to sub-contract services.²

1.1.2 Funding arrangements and targets for Provider-led Pathways

The prime mechanism used by DWP to ensure that provider organisations deliver the desired results of people entering paid employment and sustaining jobs is the

¹ The Condition Management Programme is a venture devised jointly by the Department of Health and Department for Work and Pensions. Condition Management Programme practitioners are health professionals who provide advice and information (based on a bio-psychosocial model of health and illness) to Pathways clients in order to overcome barriers such as anxiety and lack of confidence. The Condition Management Programme does not offer 'treatment' for health conditions but is intended to be empowering by educating people about what they might be capable of despite their health condition. The Condition Management Programme has been subject to two studies: Barnes and Hudson (2006), and Warrener *et al.* (2009).

² We understand from DWP that Pathways providers have received guidance about delivering the Condition Management Programme through information sessions and training days delivered by DWP and Department of Health (DH) staff.

funding regime. Put simply, providers are paid in three ways:

- a 'service fee' for taking people onto their caseloads;
- a job outcome payment when a client starts work;
- a 'sustained employment' payment when a client maintains work for 26 weeks.

A minimum target for the number of job entries was stipulated in the Invitation To Tender and, as part of their bids, providers were asked to state the number of job entries they expected to achieve. The providers whose bids scored the highest based on quality and price were then awarded a contract.

1.1.3 Contract management

The responsibility for overseeing Provider-led Pathways contracts lies with DWP **Contract Managers**. In brief, Contract Managers monitor the performance of providers against contractual and legislative requirements, and where necessary take appropriate action. Hence they will receive and scrutinise management information and other feedback and may have direct contact with providers as necessary, especially in the early days of the contracts. Delivery of the programme is also aided by the Third Party Provision Managers (TPPMs). TPPMs do not have a contract management function but provide a more hands-on role to enhance the effectiveness of Provider-led Pathways. For example they:

- oversee administrative processes to ensure a smooth and effective journey for the client between Jobcentre Plus and the provider organisation;
- liaise with Jobcentre Plus adviser managers to inform them of available provision;
- promote Provider-led Pathways through the media or local marketing material;
- respond to complaints from Provider-led Pathways clients;
- work with employer engagement and local partnership staff to identify the provision required to meet the needs of the local employer base.

(The experiences of Contract Managers and TPPMs are discussed fully in Chapter 2.)

1.1.4 The Provider-led Pathways process

All new claimants of incapacity benefits (including Employment and Support Allowance (ESA) from October 2008) are required to engage actively with Pathways to Work. The process they will go through will typically take the following course:

- an initial work-focused interview with a Jobcentre Plus adviser;

- referral to the local provider organisation operating in the Jobcentre Plus district;³
- up to five further work-focused interviews with the provider organisation.

The purpose of the initial Jobcentre Plus interview, according to Jobcentre Plus guidance, was for an adviser to tell the claimant about the operation of Provider-led Pathways, introduce the provider organisation, and explain the requirements that they would need to meet in order to continue their eligibility for benefit. The first work-focused interview would result in a formal, written referral to the provider that would include an initial work-focused action plan.

(The experiences of the Provider-led Pathways process from the perspectives of clients, Jobcentre Plus staff and provider staff are analysed in depth in Chapters 2-4.)

1.2 Research aims and questions

The overall objective of the study was to provide some early feedback for DWP on the experiences of the users of Provider-led Pathways (i.e. incapacity benefit claimants referred to a Pathways provider), the staff of provider organisations, and the relevant staff of Jobcentre Plus offices, i.e. front line advisers, and TPPMs.

To meet this objective a number of topics were explored with each of the key actors.

For DWP and Jobcentre Plus staff, including front line staff, TPPMs and Contract Managers

- Their experiences of making referrals from Jobcentre Plus to the provider.
- Their experiences of liaison arrangements with provider organisations for accessing services such as Access to Work, permitted work payments, and Return to Work Credit.
- Liaison with provider organisations regarding sanctions.
- Monitoring the performance of provider organisations.
- Contract management issues arising from early months of implementation.

For provider organisation staff, including front line staff and managers

- The interventions offered to clients.
- Their experiences of referrals from Jobcentre Plus and to sub-contractors.

³ As part of the second stage of implementation in April 2008 in three areas of the country clients can choose between two provider organisations. However, in each of the research sites selected for this study there was only one provider operating in each area.

- Their experiences of liaison arrangements with Jobcentre Plus for access to specialist services (such as Access to Work, permitted work payments, Return to Work Credit).
- Working with Jobcentre Plus TPPMs and Contract Managers.
- Knowledge and experience of deferring and waiving work-focused interviews, and of sanctions.
- Their views on the extent to which some clients are harder to help than others.

For Provider-led Pathways clients

- Their understanding of the requirement to attend work-focused interviews at Jobcentre Plus and the provider organisation.
- Their experiences of the initial work-focused interview with Jobcentre Plus, and of the referral process to the provider organisation.
- Their experiences of work-focused interviews administered by the provider organisation.
- Their knowledge and experience of deferring and waiving work-focused interviews, and of sanctions.
- Their experiences of Condition Management Programme, job brokers and other services.
- Their overall view of the usefulness of the Provider-led Pathways service.

1.3 Research design and methods

The research design adopted for this study was based on qualitative data collection and analysis techniques as these are most suited to the in-depth exploration of understanding processes and experiences.

A full explanation of sampling, response rates, data collection and analysis can be found in Appendix A.

Six fieldwork sites were selected from the first stage of Provider-led Pathways implementation. Each site had a different provider organisation and represented different labour market environments.

A mix of one-to-one interviews and group interviews was used to collect data with the three groups of key actors. Topic guides were designed to steer the face-to-face and group interviews. These are reproduced in Appendix B.

Table 1.1 summarises the achieved interviews.

Table 1.1 Achieved interviews across six fieldwork sites

	Type of interview	Number
New Incapacity Benefit (IB) claimants	Face-to-face	30
Pathways Provider organisations – front line staff	Group	30 in 6 groups
Pathways Provider organisations – managers	Face-to-face	8
Jobcentre Plus – front line advisers	Group	34 in 6 groups
Jobcentre Plus – TPPMs	Face-to-face	6
Jobcentre Plus – Contract Managers	Face-to-face	6

For the client interviews DWP supplied a sampling frame of incapacity benefits recipients from which a purposive sample was selected to provide a spread of ages and roughly equal proportions of men and women. Research participants were not selected according to their health condition, but data on self-reported health conditions were collected during interviews. Table 1.2 sets out the main characteristics of the claimant sample.

Table 1.2 Main characteristics of the client sample

Main characteristics	Number
Sex	
Women	16
Men	14
Age	
18-30	8
31-49	13
50 plus	9
Self-reported health (including multiple conditions)	
Musculoskeletal	16
Mental health	13
Cardiovascular	3
Other	24

The data were analysed systematically using the **Framework** method originally developed by the NatCen (Ritchie and Spencer, 1994). A thematic framework was developed for classification and summary of the data from interviews according to the themes emerging. This approach meant that the analysis was grounded in respondents' own accounts, at the same time enabling analysis to address key policy interests and issues.

1.4 Structure of the report

Chapter 2 presents analysis of data generated from group interviews with Jobcentre Plus advisers and individual interviews with Jobcentre Plus TPPMs and DWP Contract Managers. It covers respondents' views about the Provider-led Pathways programme design, experiences and views of the first work-focused interview and referral processes, TPPMs' and Contract Managers' roles and working relationships, and perceptions of provider delivery and performance.

Chapter 3 draws on data from provider frontline staff and managers to explore their experiences of the early stages of implementing Provider-led Pathways, including experiences of the handover from Jobcentre Plus, experiences and views of various elements of providers' delivery of the programme, and their assessments about their performance so far.

Chapter 4 presents analysis of the experiences and views of people taking part in Provider-led Pathways, including their contact with staff in Jobcentre Plus and provider organisations, their use of services accessed via the provider and their views on the usefulness and effectiveness of Pathways.

Chapter 5 provides a summary of the main findings and a discussion of some of the policy implications arising from the findings.

Appendix A provides a full explanation of the methodology used for the study. This is complemented by Appendix B which reproduces the research instruments used in data collection.

2 The experiences and views of Jobcentre Plus Advisers, Third Party Provision Managers and Contract Managers

This chapter presents analysis of data generated from group interviews with Jobcentre Plus advisers (or Provider Led Pathways Advisers (PLPAs)), and individual interviews with Jobcentre Plus Third Party Provision Managers (TPPMs) and Department for Work and Pensions (DWP) Contract Managers. The chapter is divided into four main parts: views about the Provider-led Pathways programme design (Section 2.1), experiences and views regarding the first work-focused interview and handover processes (Section 2.2), TPPMs' and Contract Managers' roles and working relationships (Section 2.3), and perceptions of provider delivery and performance (Section 2.4). The chapter concludes with a summary of the main findings.

2.1 Programme design

2.1.1 Contract design and implementation

Limiting the contract to one provider per district was thought of as a strength of the programme and a weakness. A preference for having one provider was that it simplified service delivery by ensuring that all support was provided from one place. On the other hand, criticisms of this arrangement were that some districts were too large for one organisation to handle; and that having one provider per district meant that performance could only be measured against targets and not against local competitors.

Some TPPMs made positive comments about the use of a 'black box' contract design. This form of contract set out a small number of key elements that contractors must provide (for example, a series of work-focused interviews, a Condition Management Programme), but in the main gave them the freedom to design their support packages as they saw fit. The flexibility of the funding arrangements was thought to encourage innovation and enable providers to transfer money not spent on easier-to-help clients to people with greater needs. Another comment, however, was that it would have been useful if the contract had provided more details about expected elements of provision, so that providers were aware of current best practice and the likely costs involved⁴. More guidance on setting up low level procedures, such as dealing with the referral lists from Jobcentre Plus, would also have been welcome and would have created consistency in the way districts worked with providers.

2.1.2 The role of Jobcentre Plus advisers

One of the most significant differences between Provider-led Pathways and Jobcentre Plus Pathways was the removal of responsibility for work-focused interviews and case management from Jobcentre Plus advisers to contracted provider staff. On the whole, advisers' spoke emotively about their role in Provider-led Pathways, feeling that their level of job satisfaction had reduced with the reduction in their level of contact with, and responsibility for, clients. Having only one work-focused interview to conduct left most advisers feeling that their knowledge and expertise was a wasted resource. Some could not understand why they still held a role within Pathways, especially as the first provider interview seemed to cover the same ground as the Jobcentre Plus interview. There was some concern amongst advisers that their role in Pathways would at some point be phased out and their jobs would be at risk.

At the time of the interviews, many of the advisers had multiple roles, working with a number of client groups. Some were unhappy about the pressure to take on a multi-faceted adviser role, especially where this necessitated travel between Jobcentre Plus offices. On the other hand, there were also advisers who welcomed the opportunity to use their advisory skills with other client groups because these skills were no longer employed when working with incapacity benefits recipients.

2.1.3 Provision for existing incapacity benefits recipients

PLPAs were also concerned about the impact of Provider-led Pathways arrangements on existing clients (i.e. those who were not new or repeat incapacity benefits claimants and were not mandated to attend work-focused interviews). At present,

⁴ Staff of a provider who delivered part of the Condition Management Programme in-house remarked that it had taken some time to agree and implement procedures for the programme. This was because the programme was new to the organisation and staff felt that they had not been given sufficient guidance.

it was thought likely that existing clients were missing out on support because they had to be signposted to the local provider, rather than receive immediate support and advice from Jobcentre Plus. Some advisers thought that people who had built up the motivation to approach Jobcentre Plus for help may not make the same effort to seek help from an unfamiliar organisation. And as there were no formal referral mechanisms for existing clients, providers would not know who to follow up as a potentially interested client. As a result, some advisers explained that they try to provide help directly to people voluntarily seeking support.

Advisers also expressed feelings about no longer being able to continue offering support to clients who had been on caseloads for some time. One perception was that it felt like a 'breach of trust' to have offered support in the past and not now be able to provide it. Some advisers felt so strongly about providing continuity of support that they took time to help such clients who returned to Jobcentre Plus.

2.2 The work-focused interview at Jobcentre Plus and handover processes

2.2.1 Referral rates from Jobcentre Plus to providers

The Invitation to Tender set out the number of expected claims for incapacity benefits and the number of expected referrals from Jobcentre Plus to the provider.⁵ The TPPM and Contract Manager in one district were aware of provider complaints that Jobcentre Plus was not referring enough clients, but also knew that the management information refuted these claims. However, in two districts the TPPMs and Contract Managers explained how fewer new incapacity benefits claims had been made than had been predicted.⁶ This meant that PLPAs were conducting fewer work-focused interviews and a smaller number of clients were being referred to contractors than had been expected. It was also suggested that in this situation providers were expected to engage more voluntary clients, in order to boost the numbers of people entering the programme.

Other factors affecting the number or flow of referrals were identified by advisers and included the size of the Jobcentre Plus office and staffing capacity; staff availability and the impact of holidays or advisers' other responsibilities; and management objectives in individual offices.

The rate at which clients failed to attend work-focused interviews was also thought to be important. Advisers in rural areas thought that they had particularly high fail to attend rates because of the distances to travel to get to Jobcentre Plus. A sanctioning policy is in place to combat non-attendance and encourage compliance, enabling advisers to apply for a reduction in benefit when interviews

⁵ These figures were forecast by DWP analysts.

⁶ Sometimes as low as 50 per cent of what was forecast.

are missed. Although decision making about sanctions varied between advisers,⁷ in general most agreed that sanctioning was a last resort. Advisers in two areas commented on how their current sanctioning behaviour compared with the past.⁸ Some of these advisers suggested that their current role was under more scrutiny, and that the process was more directive, in Pathways compared with previous roles. However, whilst advisers in one area thought they were sanctioning more often now, advisers in the other area did not perceive a change in their decision making. Advisers reported that, most commonly, those clients notified about the possibility of being sanctioned attended interviews before the sanction was applied. This suggests that failing to attend may have delayed referrals to providers, but not significantly affected the overall number of referrals.

Waivers and deferrals

Another factor affecting the number and flow of mandatory referrals to providers was the extent to which PLPAs used waivers or deferrals.⁹ In the Pathways programme delivered by Jobcentre Plus, advisers were able to waive or defer further work-focused interviews if they felt it appropriate to do so. Some of the advisers interviewed for this study said they were comfortable utilising their discretion and described instances where they had waived or deferred benefit recipients because they were too ill to attend interviews, or because they were in hospital. However, a large proportion of the advisers felt that their discretion to waive or defer was either limited or non-existent. Some said that there was no choice but to follow

⁷ Practice in one district differed markedly between advisers who had responsibility for making the initial request for sanctions, and those who said that a compliance team made this decision instead.

⁸ The authors understand that Pathways to Work was not implemented in the districts represented in this research until Provider-led Pathways began. Thus, it is not clear what past sanctioning activity advisers were comparing their current behaviour with. It is possible that they were comparing their role in Pathways with previous adviser work with other mandated benefit recipients, such as those in receipt of Jobseeker's Allowance.

⁹ A waiver issued by a PLPA would result in a referral to the provider as a voluntary client, and **no compulsion** to attend a series of work-focused interviews. The issue of a deferral would give the individual extra time before being asked to return to Jobcentre Plus for the first full work-focused interview and referral decision. After the research period, Jobcentre Plus advisers' discretion to waive incapacity benefits recipients was phased out after the introduction of Employment and Support Allowance (ESA) in October 2008. It will not be possible for PLPAs to waive any Pathways clients from October 2009.

the decision formulated by the computerised screening tool,¹⁰ even where this decision seemed nonsensical and would not be beneficial to the client. In two areas, advisers described needing to obtain authorisation from a manager in order to issue a waiver or deferral.

Analysis of the data suggests that advisers also lacked clarity about **who** was best placed to issue waivers and deferrals, and at **what stage** in the Pathways process. Jobcentre Plus advisers gave several arguments in favour of reserving waiver/deferral decisions for provider staff. These ranged from feeling that it was in the client's best interests to become engaged in the programme to learn about what was on offer, even if their circumstances dictated that they should be waived or deferred later; to feeling pressure from targets to complete a certain number of interviews within a certain timeframe, and to refer the expected number of people to the provider.

However, some Jobcentre Plus advisers recognised that not waiving or deferring also had its consequences. Some spoke of receiving 'slapped wrists' from management where they had referred people (on a mandatory basis) who providers said could not be helped immediately. They had been made aware that referrals which resulted in waivers or deferrals reflected negatively on providers' performance, especially where providers were issuing more waivers and deferrals than the contract allowed. A number of TPPMs and Contract Managers perceived that advisers were at fault for referring people inappropriately, and had circulated guidance on appropriate referral practice. However, TPPMs tended to support their advisers' decisions by explaining that they were doing what was asked of them contractually by meeting referral targets; or by suggesting that providers had misinformed impressions of appropriate and inappropriate referrals. In one area the TPPM had found it useful to convene a meeting with provider staff to help them understand why they were referred harder to help clients and to prepare approaches to support these individuals.

2.2.2 Content of the interview and PLPA explanation of provider

A typical work-focused interview at Jobcentre Plus, as described by PLPAs, involved the following:

- discussing the client's health condition(s) and other relevant personal circumstances;
- applying the screening tool, and encouraging those not screened in to seek help from the provider;

¹⁰ The screening tool indicated whether an individual was deemed likely to benefit from the Pathways programme (and thus screened in), or too ill or very close to the labour market (and not screened in). The screening tool was discontinued in October 2008 (after the research was complete).

- 'selling' the provider;
- writing an action plan.

The duration and purpose of the work-focused interview did not seem to be consistent amongst advisers or across districts. Some perceived it as a short interview where they repeated the same message with each client. This contrasted with advisers who said the interview typically lasted an hour and was an holistic exploration of the client's problems and needs. If appropriate, those who described the latter gave practical assistance by conducting job searches and financial better-off calculations,¹¹ or gave advice about benefit entitlement. They might also spend time talking about suitable next steps and provide contact details for relevant organisations who might be able to help. However, there was also an awareness of their limitations. One comment made was that it was hard for an adviser to know in just one interview how best to help an individual. These advisers were also clear that they were not able to help the client 'take steps', by facilitating contact with external organisations or by providing constant encouragement over a period of time. If they talked to the client about their support options then they would note this, and the client's response to the offer, in the action plan so that provider staff would know what had been discussed.

Advisers generally explained that all further assistance would be available from the Pathways provider, not Jobcentre Plus. At this point there was occasionally a need to reassure clients that the interviews would be similar to the one at Jobcentre Plus and that there would be no expectation to take up a job¹². The level of detail entered into by advisers in talking about the provider and their services varied. Some used the provider information leaflet to talk through the interventions offered, but in general advisers felt that they did not possess sufficient knowledge to be able to specify what might be of potential benefit to individuals and that they were 'sending people into the unknown'. One adviser explained that they had stopped giving detailed information when client feedback suggested that the provider was not delivering what had been expected. Another comment was that provider details had been hard to come by initially, but the flow of information was steadily improving. At the time of the research interviews, provider newsletters (designed to raise advisers' awareness of service provision and outcomes), were in circulation or planned in some areas.

¹¹ Better-off calculations compare household finances whilst on benefits with a projection of household finances if in paid work. The calculations take into account eligibility for tax credits and other in-work benefits, and liability for extra expenses such as travel costs.

¹² The research took place before the introduction of ESA and the additional compulsion on ESA recipients to engage with work-related support.

2.2.3 Making referrals and transferring information

Jobcentre Plus advisers explained that all new or repeat incapacity benefits claimants who attended a work-focused interview would be referred to the provider. Those who had not been screened in, or waived, would be referred as voluntary clients, and providers would decide whether to attempt to engage them in the programme.

In most areas, providers first learned that a referral was being made by Jobcentre Plus when the PLPA telephoned. Whilst some advisers welcomed this opportunity to make the client's first appointment in the client's presence, there were also concerns about this method of information transfer. One concern was that giving personal details over the phone, in earshot of other people in the Jobcentre Plus office, seemed in breach of data protection law. Another view was that making an appointment for the client seemed to contradict the rapport-building achieved through the interview, and it would be better if providers arranged their own appointments. There were also advisers who rarely telephoned first, choosing only to do so when they felt the client was particularly vulnerable and that it would be helpful to discuss the client's needs with the provider. Some advisers also explained that they advised particularly keen clients to initiate contact with the provider themselves as soon as possible.

The formal and essential part of making a referral was accomplished when PLPAs completed a referral form and sent it to the provider in the post, with the client's action plan. This form requested information about the client's health, reasons for claiming incapacity benefits, employment history, and general personal and household circumstances. In one area, the provider had also requested details about clients' benefit entitlements in order to conduct better-off calculations.

Advisers made, generally, positive comments about providers' referral systems. However, some felt there was too long an interval between the Jobcentre Plus interview and the first provider interview (commonly four to five weeks) and that as a result clients could lose motivation and interest. Exceptionally, the Contract Manager and TPPM in one area were aware that mandatory clients were waiting up to 12 weeks to be seen by the provider. Explanations offered were that the provider did not have enough resources to process referrals more quickly, or that the provider was overlooking some of the paperwork sent by Jobcentre Plus. In places where Jobcentre Plus offices were situated close to provider premises, voluntary clients were said to be able to access the provider on the same day as seeing the PLPA. Then again, there was also evidence that some providers were taking months to see people who had volunteered to take part because of the volume of mandatory referrals or a shortage of staff.

2.2.4 Client attendance at provider interviews

Some advisers observed that people did not like visiting Jobcentre Plus because of a perceived negative stigma attached to the organisation. This led to the supposition that clients might be more compliant about attending work-focused

interviews at provider premises. A number of TPPMs noted that providers' fail to attend rates were lower than those for Jobcentre Plus interviews and that this might be because advisers were promoting providers well in the initial interview, or because providers reminded each client a number of times about forthcoming appointments.

In one area, however, the attention of Jobcentre Plus staff had been drawn to the high fail to attend rate for the first provider interview. The TPPM and Contract Manager suggested that advisers were not ensuring clients were well informed about what a referral to the provider would mean, and that voluntary clients in particular were not making the effort to attend. To reduce the number of missed appointments, the district was piloting an initial group session for new claimants, and introducing a phone call to the client from the PLPA between the Jobcentre Plus interview and the first provider interview to 'keep clients warm'. The group session would be conducted by a PLPA and member of provider staff and was designed to introduce the programme and provider, and to reassure people about the nature of participation in Pathways.

2.2.5 Jobcentre Plus post-referral contact with clients

All of the Jobcentre Plus advisers who took part in the study perceived that they were not supposed to deal with incapacity benefits claimants after they had been referred to providers. This was markedly different to previous adviser roles, which had involved being the client's main point of contact and source of support over a period of time. One view was that there was a tension between the instruction not to see clients again and ongoing pressure to meet targets for the number of work trials submitted and better-off calculations completed. Despite being aware that they should have no contact, in practice there were a number of scenarios where advisers had post-referral contact with clients, including where:

- clients (who had begun provider interviews) returned to advisers for help or advice;
- clients needed assistance in the interval between being referred and attending the first provider interview;
- providers requested that advisers work with the client.

Clients initiating contact after registering with the provider

Advisers in all districts were aware that some clients had returned to Jobcentre Plus after registering with the provider. On these occasions clients were seeking help that was not being provided by the provider, leading some advisers to believe that providers were not giving adequate tailored support. There was a split between advisers who said they spent time with returning clients and gave assistance (for example, help to apply for Return to Work Credit), and those who felt they had no time and either advised people to return to the provider, or signposted them to another appropriate organisation (for example, Welfare Rights). Advisers who said they helped clients knew that they were not 'supposed' to do so, but justified

it by saying that otherwise clients might not receive much-needed help, especially where they were dissatisfied with the provider.

Where people came to advisers with specific complaints about the provider, advisers either dealt directly with provider staff to resolve problems, or notified the TPPM who then liaised with provider managers. One commonly held opinion was that people who came to Jobcentre Plus because they were dissatisfied with the provider's service wanted to continue receiving support from the PLPA, rather than from provider staff.

Clients requiring help between referral and first appointment

There were also occasions where advisers stepped in to help people who had been referred to providers, but had not yet attended their first appointment. These people were either ready to start a job and wanted help to apply for tax credits or other financial support, or had lost entitlement to benefits and needed advice. Although in such cases it was not clear whether Jobcentre Plus or provider organisations were responsible for providing support, advisers were mostly happy to help because they did not want the client to be left unsupported.

Provider-requested contact between advisers and clients

The third scenario, identified by some advisers and TPPMs, was contact with clients requested by provider staff. They reported that providers had sometimes sent people back for help that Jobcentre Plus was not responsible for delivering, such as basic skills training or better-off calculations. One view was that provider staff did not seem to understand that Jobcentre Plus advisers no longer provided interventions.¹³ Coming back to Jobcentre Plus for assistance in this way was distinct from **referral** to a Disability Employment Adviser (DEA), which remained available to Pathways clients (and is discussed further in Section 2.3.3).

2.2.6 Advisers' awareness of client progress

Although advisers knew that their role was limited to conducting the first work-focused interview, some expressed a wish to know what had happened to clients after referral. There were no formal mechanisms for feeding back information about client progress to PLPAs. However, advisers sometimes learned of outcomes from people who returned to Jobcentre Plus; from provider staff during routine enquiries or discussions about individuals,¹⁴ from provider newsletters presenting 'success stories'; and from formal notifications, such as 'exit notices' when clients ended benefit claims.

¹³ One view from provider staff was that PLPAs had 'washed their hands' of clients once they had referred them to the provider and, therefore, that they were unwilling to provide any further assistance.

¹⁴ Some provider staff said they made a point of feeding back information about clients to referring PLPAs because it was thought to be important for forging good relationships with them.

There were opposing views about whether advisers should receive regular updates on client progress. Those in favour argued that having a better understanding of clients' (positive) experiences with the provider would enable them to pass on this information to new claimants; and that they would be less inclined to waive or defer people if they were assured that provider staff could help people with severe or complex problems. Advisers who did not see a need for feedback explained that they had no time to keep track of individuals and that nothing was learned from hearing about their outcomes.

2.2.7 Working relationships with provider staff

Both formal and informal contact with provider staff was described by Jobcentre Plus advisers, TPPMs and Contract Managers. The working relationships between TPPMs or Contract Managers and provider managers will be explored in Section 2.3. The rest of this section considers the formal and informal communication between Jobcentre Plus advisers and provider frontline staff, as reported by advisers, TPPMs and Contract Managers.

Formal or regular contact

Analysis of the data suggests that the frequency and format of communication between the frontline staff of Jobcentre Plus and provider organisations was not uniform across districts, and that some areas were happier with their arrangements than others. A number of districts had adopted formal ways of communicating, such as:

- organising events at the beginning of the pilot so that Jobcentre Plus and provider staff could meet;
- arranging for Jobcentre Plus staff to shadow provider staff, to share good practice and to learn about the provider's processes;
- provider-produced newsletters carrying updates on provision and client outcomes;
- establishing a Link Adviser (member of provider staff) in each area of the district to be the main link between Jobcentre Plus and the provider regarding day-to-day matters;
- establishing formal 'cluster' or 'area meetings' bringing staff together regularly.

In general, TPPMs, Contract Managers and some advisers in these areas felt that these formal mechanisms for communication were important for getting all parties involved and for resolving any tensions. In particular, regular area meetings were helpful for building rapport, sharing good practice, highlighting problems, giving staff ownership of responses to problems, and discussing individual cases. However, there were advisers who were frustrated when managers seemed to avoid talking through problems during these meetings and preferred to discuss them confidentially afterwards.

There were also several districts where there were no organised, regular forums for sharing information or meeting together. Advisers described how there was no 'set structure' for communicating with provider staff. Practice often differed between advisers in the same district because arranging regular meetings with provider staff was left to their own initiative. One TPPM was currently developing a protocol for communication but this only allowed for the views of frontline staff to be fed through managers who liaised with providers. Some advisers demonstrated a desire for greater contact through regular meetings and opportunities to observe each others' interviews.

Informal or ad hoc contact

Informal contact between frontline staff varied between individuals and across areas. Some advisers described developing positive and mutually beneficial relationships with their counterparts in the provider organisation. These relationships were characterised by feeling able to phone each other for help, advice and information whenever necessary, or by having worked together to assess a particular client's case and identify suitable interventions. In general, advisers found it easier to work with provider staff who seemed flexible and keen to do what was best for the client. One comment was that relationships had improved over time, as staff became better acquainted with one another.

A different perspective was offered by some advisers who thought that informal and ad hoc contact from provider staff could be a nuisance and unnecessary. They reported that provider staff had rung for help which they should have been able to deliver themselves (for example, asking advisers to help a client apply for Permitted Work), or for advice on topics which they should already have been well equipped to handle (for example, identifying suitable interventions for an individual).

There were also advisers who felt quite removed from provider staff, that Jobcentre Plus staff and provider staff were 'separate entities' and, for some, this was contrary to their expectations of being part of a 'network of players'. These advisers suggested that they had occasionally been in touch with provider staff about individual cases, but more typically contact started and ended with the referral. At present, one reason for not being in touch was not knowing which staff member to contact about particular clients. Relationships between staff were particularly poor where advisers were 'suspicious' about what providers were doing with clients they had referred.

2.3 TPPMs' and Contract Managers' roles and working relationships

Provider-led Pathways contracts were larger than previous contracts, both in financial value and in geographical coverage.¹⁵ TPPMs and Contract Managers who took part in the study were all acutely aware of how these contracts and their success were of interest to many people, given its focus on what was considered a politically sensitive client group and its adoption of a different division of responsibility between Jobcentre Plus and external providers. The high status of the contracts meant that TPPMs and Contract Managers were heavily involved in their implementation, and continued to play a part in directing provider delivery and assessing performance.

2.3.1 The roles of TPPMs and Contract Managers

TPPMs explained that they were tasked with ensuring the smooth operation of the client journey from Jobcentre Plus to the provider. In practice, this meant working with Jobcentre Plus staff and provider staff to implement effective processes between the two, and monitoring their operation. The role of Contract Managers was described as monitoring and managing the provider's performance against targets set in the contract. This required collaboration with provider managers to ensure they were implementing the programme as per the contract, and monitoring client outcomes.

Maintaining a separation of responsibilities

In principle at least, most TPPMs and Contract Managers felt that their roles were distinct. However, some observed that, in practice, the separation of responsibilities was not easy to maintain. In particular, TPPMs were often interested in **performance** matters because they needed to report back to their District Manager about the performance of Pathways and of their advisers in particular. The blurring of roles did not seem to be a problem where the TPPM and Contract Manager felt they shared an excellent working relationship (see Section 2.3.2). However, there had been occasions where some Contract Managers felt the TPPM had stepped outside their remit by 'micro-managing' and 'bypassing' them in making decisions. One reason offered for this was that TPPMs used to undertake local contract management and might have found it hard to relinquish this role for the Pathways contract.

¹⁵ Previous contracts, such as New Deal for Disabled People, would often have covered **parts** of districts rather than the **whole**.

Monitoring procedures and performance

Analysis of the dataset shows that there was some confusion about the division of responsibility for monitoring the **provider**.¹⁶ Thus, it was not always clear whether TPPMs or Contract Managers were in charge of monitoring providers' use of waivers, deferrals and sanctions. Most TPPMs said they kept an eye on these figures, but some thought this was part of the Contract Manager's remit. However, not all Contract Managers seemed to be checking these figures routinely as they were focused primarily on the number of job outcomes (and sustained job outcomes) achieved. TPPMs who followed such management information were able to alert Contract Managers to abnormal or unexpected patterns of outcomes, such as low numbers of referrals to the Condition Management Programme, which some Contract Managers would otherwise have missed.

Even where **responsibility** for monitoring was not an issue, some TPPMs and Contract Managers pointed to problems and weaknesses in the current monitoring and assessment **methods**. Firstly, problems using management information tools acted to constrain TPPMs' and Contract Managers' abilities to independently scrutinise the providers' performance. It was unclear whether there was a technical fault with the 'Web Tool'¹⁷ or its compatibility with provider systems, or whether provider staff were inputting information incorrectly. Nevertheless, the consequence was that TPPMs and Contract Managers had been relying on data produced by providers' own systems, and this was felt to be an embarrassment and highly unsatisfactory. At the time of the interviews, there were hopes that improvements were being made to the data collection tools. Secondly, there was a view that the 'light touch monitoring' favoured by the Department (using management information) was not a sufficient check on providers, and that greater scrutiny would be afforded by 'spot checks' that involved sitting in on interviews and reviewing action plans, or by asking clients for feedback. It should be noted that some TPPMs explained ways in which they planned to collect clients' insights on their experiences, though it was not clear how this information would be used in assessing provider performance. A third weakness identified was that there was no comprehensive way of assessing value for money.

Liaising with providers

The Contract Management Framework established ideals for the level of contact between Contract Managers and providers, and provided for regular, formal

¹⁶ It was more clear-cut that TPPMs were responsible for monitoring activity involving Jobcentre Plus staff, such as the number of referrals, waivers, deferrals, fail to attends and sanctions.

¹⁷ The Web Tool was issued by the Department to be used by providers to record data, for example the number of waivers, sanctions, and job outcomes.

Provider Performance Reviews.¹⁸ Monthly steering group meetings (set up by TPPMs and involving the Contract Manager and representatives from provider management, staff 'cluster meetings', and the Benefit Delivery Centre¹⁹) were another formal way of facilitating the implementation of Pathways in some districts and were perceived as useful opportunities for sharing good practice across the district and for resolving problems.

However, the early implementation of the programme had also demanded a high level of informal, ad hoc input from both TPPMs and Contract Managers. Most TPPMs and Contract Managers described having multiple contacts with managers each week where they made enquiries and offered advice. This level of contact was necessary because it was a time of rapid change and all parties needed to keep each other informed. Some Contract Managers explained that the high profile of the contract meant they needed to be on hand when problems were perceived, and that they had wanted to encourage close collaboration with the provider in order to boost performance. Some TPPMs voiced frustration about providers requesting greater assistance than they had expected, for example to help navigate new procedures that should have been straightforward. Technical Operators, Adviser Managers and other support staff were sometimes given a role in liaising with provider staff about procedural matters. In general, TPPMs and Contract Managers were expecting the level of contact to reduce over time, as providers became more familiar with running the programme.

2.3.2 Relationships between TPPMs and Contract Managers

Mostly, TPPMs and Contract Managers reported productive relationships with each other. Analysis of the data suggests that the quality of these relationships often depended on:

- their level of experience in either a TPPM or contract management role and in working with the client group;
- whether or not they had worked together previously;
- their level of contact and the extent to which they kept each other informed of their dealings with the provider;
- sharing a common desire to support Pathways;
- whether the Contract Manager was based nearby so that all parties felt they were engaged with the programme.

¹⁸ Reviews were held every three months to discuss key outcomes, problems and progress. TPPMs were invited to attend to contribute information about relationships between staff, client experience and delivery matters.

¹⁹ A Benefit Delivery Centre is located in each Jobcentre Plus district and manages the processing and payment of benefits. This role includes making final decisions about applying sanctions to benefit payments.

However, there was also evidence of occasions when relationships had become strained. This had occurred where the divisions of responsibility (see Section 2.3.1) and regularity of contact between TPPMs and Contract Manager were not clearly understood and agreed, and where Contract Managers took longer than expected to respond to questions and concerns.

In some areas, responsibility for contract management had recently changed from regional contract management teams to national Supply and Relationship Management teams. Few problems were reported regarding the handover of responsibility to new personnel, but it was hard for the TPPMs involved and new Contract Managers to comment on the quality of their relationships with each other. Nevertheless, expectations were that Contract Managers based outside the district would not be able to respond quickly when urgent matters arose, and may not have a close relationship with the district, thus limiting their understanding of how Pathways processes worked in practice.

2.3.3 Relationships between TPPMs or Contract Managers and provider managers

On the whole, good working relationships with provider managers were described by Contract Managers and TPPMs²⁰, and attributed to the following:

- having worked together in the past on other government projects;
- feeling that they were honest with each other and keen to resolve problems effectively;
- having shared visions and objectives for the programme, and finding it easy to come to agreement;
- being in frequent contact and, as a consequence, keeping each other informed of developments and being able to identify and address problems quickly;
- TPPMs being willing to share knowledge of good practice and ensure its transfer to all staff;
- providers wanting to strive for 'continuous improvement'.

The TPPM and Contract Manager working with one provider described having a less satisfactory relationship. The TPPM felt ignored or 'fobbed off' by the provider when there were problems that needed addressing, or the TPPM sought to review or challenge their practices. There was a feeling that the provider was able to keep the TPPM 'at arm's length' because the management information was 'pitiful' and could not be used to demonstrate deficiencies in performance; and because the provider chose to liaise with the Contract Manager instead of the TPPM. In turn, the Contract Manager felt that the provider tried to 'wriggle out' of problems and

²⁰ Although some PLPAs were positive about strong ties between the TPPM and provider, others thought that the TPPM was too close and could not be trusted with adviser concerns and criticisms about the provider.

'spin things around' rather than be self-critical in order to make progress. Another Contract Manager expressed feeling powerless to do anything if the contractor was not meeting job outcome targets but was conducting five interviews with each client as per the contract. He also thought the instruction he had received to 'distance manage' on the phone, rather than visit in person, allowed the provider room to ignore his advice.

2.4 Provider delivery and performance

2.4.1 Views about provider staffing

Provider staff training and expertise

Positive comments were made by advisers about working with provider staff who had previous experience of working with the client group and with Jobcentre Plus. Advisers, generally, felt more inclined to trust and talk openly about clients with experienced provider staff. The TPPM and Contract Manager in one area observed that provider staff were caring and professional, and demonstrated to clients that Pathways was there to help them.

However, one of the most common concerns expressed by Jobcentre Plus advisers, and some TPPMs, was that most provider staff were not adequately trained or experienced to work with the Pathways client group. There was a belief that provider staff were not as well trained as Jobcentre Plus advisers, particularly with regard to dealing with people with health problems, people who were difficult to engage in a mandatory programme, or people who were not job ready. The number of enquiries made to advisers by provider staff about benefits and better-off calculations in particular, led many advisers to conclude that provider staff were in need of benefits training. Some of the TPPMs felt that in the early stages of the pilot some clients may not have received an adequate standard of service because staff had insufficient knowledge. In addition, some advisers perceived provider staff as having marketing or sales backgrounds and being target and profit-driven, rather than driven by individuals' needs and aspirations. As a result, there were concerns that provider staff would push people into unsuitable work that could be damaging to individuals. Some shared the opinion that provider staff should be expected to obtain qualifications in advisory work, as Jobcentre Plus advisers were.

Staff turnover

Some advisers, Contract Managers and TPPMs were aware that the provider workforce had not remained stable, with staff leaving and being replaced. Whilst some felt that those who left had been 'poor' advisers, or not the right person for the job, there was unease about the lack of continuity in staffing and its impact on PLPA confidence in the service. Concern also arose from managerial staff deputising for others and not concentrating on their own role overseeing quality and performance.

2.4.2 Views about providers' use of waivers, deferrals and sanctions

In a number of districts, TPPMs and/or Contract Managers thought that providers were within their contractual quota for the number of waivers and deferrals issued²¹. One TPPM explained that providers were expected to waive or defer fewer people than Jobcentre Plus because PLPAs were expected to filter out people who, at the first interview, were unable to take part in Pathways. However, in other areas, some advisers and TPPMs felt that provider staff were using waivers inappropriately because they thought their remit did not encompass helping people far from work.

Provider staff sanctioning practice was an area of concern, to the extent that some TPPMs and Contract Managers had begun to monitor more closely figures for 'fail to attends' and sanctions. In some districts there was a view that providers were not sanctioning when they should and the required five interviews were not happening within six months. It was suggested that the reluctance to sanction stemmed from the newness of this responsibility to penalise non-conforming clients, and that management had either misunderstood guidance when installing procedures, or that staff were not following procedures and were 'too understanding'. In contrast, there were advisers and TPPMs in other districts who believed that people were being sanctioned too harshly (for example, reducing benefits to just ten pence per week), or that providers were sanctioning vulnerable people without conducting home visits first. Explanations offered were that provider staff did not have a good enough understanding of sanctioning policy to judge when to use home visits and when to request a sanction; or that they were not always made aware of people's situations and mental health conditions.²²

One TPPM reported that the local provider seemed to apply sanction policy well, despite provider staff finding the guidelines hard to follow. In this district they had organised meetings between the provider and Jobcentre Plus Decision Making and Appeals team to talk about sanctioning procedures, any lessons learned from applying sanctions, and ways in which the procedures could work better.

2.4.3 Views about client interventions offered

Provider ability to do things Jobcentre Plus could not

PLPAs identified two ways in which they thought providers were offering support that Jobcentre Plus had been unable to. First, one provider seemed to have enough money to refer people to any other services as required. Second, a provider who

²¹ The contractual limit was said to be five per cent of all referrals. For Jobcentre Plus advisers the target was ten per cent of all new/repeat incapacity benefit claimants.

²² According to advisers, the referral form includes a tick box to use if PLPAs are aware that their client has a mental health condition. It was noted that the tick box was not prominently displayed and so was easy to miss.

employed a Work Psychologist was able to provide occupational support on a one-to-one basis. These views were in contrast to advisers who felt that providers were less able than they had been to access funding for training.

Use of established networks of support

Many advisers and some TPPMs expressed disappointment about the range of interventions they thought providers were using. Experienced advisers were aware of an established network of organisations and individuals who provided high quality support. They had assumed that Pathways contractors would utilise these resources but this did not seem to be happening. A number of TPPMs suggested that providers had made some efforts to liaise with other local providers (by holding 'stakeholder information sessions' or launch events to introduce Pathways), but that there was still room for improvement. Some advisers and TPPMs assumed that provider management did not believe that they needed to use external provision and favoured internal interventions; or that staff were avoiding using the available provision extensively because they were trying to steer people quickly into the labour market. However, in one area, the TPPM and Contract Manager were cautious about reading into low referral figures to external provision because they thought it was likely that data was being incorrectly recorded.

Numbers of referrals to DEAs or other Jobcentre Plus disability provision were thought to be low and it was understood that, in some areas, provider staff were confused about whether they could access this provision. In one area, Jobcentre Plus and provider managers had taken steps to clarify that there was funding to access Jobcentre Plus services and referrals had risen as a result. Another view was that referrals to a DEA were redundant where providers had their own similar specialist provision on site.

There were also doubts about providers using the Condition Management Programme. The contract between the Department and the main Pathways provider required that a Condition Management Programme be offered, focusing on the three most common kinds of health condition: musculoskeletal, cardiovascular, and mild to moderate mental health conditions.²³ However, it did not specify an expectation about the number of referrals. One TPPM noted that although the Condition Management Programme was a flagship intervention where Jobcentre Plus delivered Pathways, it was never presented to Provider-led Pathways contractors as a 'main plank' of the programme, and, thus, providers had adopted their own expectations about levels of use. There was evidence that referrals had been slow to build initially, but were gradually increasing as providers implemented referral targets. Other explanations for low referral numbers offered by PLPAs, TPPMs and Contract Managers were that provider staff lacked knowledge to know who would benefit most from the programme and 'close the deal' with interested clients;

²³ The programme must conform to Department of Health (DH) Clinical Governance standards and data protection requirements and similar standards within Scotland and Wales.

that provider staff perceived clients as uninterested; and/or that staff thought the programme was expensive. A number of the TPPMs were taking action with providers and sub-contractors (where applicable) to maximise referrals.

Providers not meeting expectations

Some PLPAs were also conscious of differences in the information they gave clients and what was subsequently offered and delivered by providers. In their view, it had become apparent that providers were not delivering services that they should have been when provider staff had approached advisers for help (for example, to provide basic skills training). There was also a feeling that providers were choosing to do what was necessary to achieve targets, rather than tailor support to meet all of the client's needs. Some advisers felt that they had let clients down because they had recommended a service that did not deliver what was promised. Knowing that providers were not delivering certain kinds of help had led some advisers to make provision for this during the first work-focused interview, such as doing better-off calculations for every client.

2.4.4 Views about provider performance

Many of those interviewed thought it was a little too early to assess provider performance accurately, but nonetheless offered opinions about whether or not targets were being met and why.

Positive outcomes

Most advisers felt they were not qualified to comment on provider performance because they had received no information about it. However, some spoke generally about their awareness of people who had benefited from contact with the provider, or of how they had been told by management that the provider was getting people into work. The TPPM and Contract Manager in one area seemed satisfied that the provider was meeting early targets and TPPMs from a number of districts spoke of how providers had achieved more job outcomes than expected from voluntary clients.

Mismatch between client group and performance targets

However, many PLPAs, TPPMs and Contract Managers suggested that providers were underperforming so far, and that this was because they had underestimated the level of input required to help incapacity benefits recipients move closer to work. Thus, some explained how provider staff had seemed surprised that harder to help clients had been screened in to the programme, and that this was against their expectations of being referred job ready clients. One view was that providers had not been made sufficiently aware of the kind of clients they would be dealing with.

Analysis of the data from advisers, TPPMs and Contract Managers suggests that many of the providers had set themselves²⁴ performance targets that matched an expectation of people being job ready and 'quick wins'. There was also a perception that provider staff prioritised attempts to meet their targets at the expense of focusing on clients' needs. Thus, provider staff were thought to be focusing attention on people who would move into employment quickly and not offering intensive, long-term one-to-one support for those with greater needs and further from the labour market.

Thus, the prevailing view from Contract Managers and TPPMs in most districts was that targets were set unrealistically high given the harder-to-help nature of the client group, and were therefore not being met. This was well illustrated by a Contract Manager who explained how one provider was getting more people into work than other providers, but because their targets were set even higher than others' this achievement was not reflected in their overall performance. There was a feeling that providers had been 'set up to fail' because the Department had not adequately scrutinised the targets submitted in providers' bids. However, one Contract Manager explained that the provider he dealt with had ignored advice from the Contracts Team to set an initially low target to be increased over the three-year period of the contract.

Other factors that were thought to have had an impact on lower-than-expected performances were:

- providers' lack of resources to cater for volunteers at the same time as mandatory clients (volunteers were widely perceived as being more likely to gain employment);
- insufficient investment in each client;
- one provider's procedural failures that meant some clients were never asked to attend an interview and may, therefore, have cost them job outcomes.

Although underperformance was noted across several districts, in only one district did the TPPM and Contract Manager talk about having commenced an investigation into internal processes and staffing levels, and writing a 'robust improvement plan'. It was not immediately apparent why a remedial approach was being taken with this provider and not others. However, the problems in this district seemed to be more numerous (the provider was perceived as not meeting job outcome targets, not sanctioning when they should, and failing to see some referred clients) and, according to the TPPM and Contract Manager, the provider was often defensive and seemed unwilling to collaborate.

²⁴ According to one Contract Manager, the Department set out an 'expected minimum level of performance' in the invitation to tender and bidders were invited to state whether they would be able to achieve this level or higher, and how. It was understood that the Department would have chosen the most economically viable tender.

2.5 Summary

TPPMs and Contract Managers largely supported the flexibility inherent in the 'black box' contract design. However, having such contractual flexibility (and perceived little written guidance) meant that Contract Managers, and particularly TPPMs, were heavily involved in day-to-day management matters, at least through early implementation. Thus the importance of the Pathways contract meant that, in most cases, the role of Jobcentre Plus TPPMs significantly expanded. There is evidence, however, that over time TPPMs and Contract Managers may devote less time to managing processes and performance, as providers become more proficient in managing and delivering Pathways.

The handover of clients from Jobcentre Plus to providers encompasses many processes and new divisions of responsibility. The evidence suggests that roles and responsibilities had not always been divided unambiguously, or explained to frontline staff clearly. One example was advisers' confusion about the use of waivers and deferrals, with incentives to avoid issuing them competing with instructions not to rely on providers to apply them at a later time. Being uncertain about their new role may explain the inconsistency in advisers' approaches to conducting interviews, with some taking time to offer tailored advice and some merely informing clients of the Pathways provider. Also, practice did not follow policy where advisers had contact with clients after referral. It is worth noting that this post-referral contact had mostly been initiated by clients, indicating that the current Pathways model did not always fit with people's choices about where they accessed support.

The data also suggested that PLPAs were not always armed with sufficient information to ensure a smooth handover to providers. However, there was better understanding about provider services and outcomes achieved where there had been regular opportunities to meet with provider staff. Closer working relationships, at both managerial and frontline levels, were aided by these formal methods of collaboration, by individuals' willingness to initiate informal contact and be helpful where possible, and by trusting in each others' intentions to do their best for clients.

Jobcentre Plus advisers were critical of some of the ways providers were delivering Pathways, such as the levels of staff expertise and staff turnover, not using established networks of support, not providing what was expected, approaches to sanctioning, and prioritising targets over the needs of individuals. It was also evident that PLPAs' morale was low due to the reduction in their responsibility for incapacity benefits recipients. One of the most significant concerns amongst Contract Managers and TPPMs was that providers were under-performing, primarily because they had set unrealistic job outcome targets.

Chapter 5 will return to the following themes drawn from the findings in this chapter:

- the extent to which the problems identified by Jobcentre Plus advisers, TPPMs and Contract Managers are 'teething problems' or more enduring;
- the level of Jobcentre Plus involvement in managing Pathways, ensuring smooth hand-overs, helping provider staff and delivering services to clients;
- the importance of trust in relationships between Jobcentre Plus and providers;
- the extent to which Pathways allows for client choice about accessing support;
- the different interpretations of 'appropriate' and 'inappropriate' referrals.

3 The experiences and views of provider frontline staff and managers

Chapter 3 draws on data from provider frontline staff and managers to explore their experiences of the early stages of implementing Provider-led Pathways. The handover from Jobcentre Plus to providers is considered in Section 3.1 and the experiences and views of various elements of providers' delivery of the programme in Section 3.2. Provider staff and managers' opinions about performance so far are examined in Section 3.3. The chapter concludes with a summary of the main findings in Section 3.4.

3.1 The handover from Jobcentre Plus to providers

3.1.1 Volume of referrals

A number of provider managers discussed how the volume of referrals compared with their expectations. Some noted how their caseloads had swiftly increased at particular periods beyond their expectations, such as when Jobcentre Plus Provider Led Pathways Advisers (PLPAs) referred people from their existing caseloads at the very start of the programme, and when mandatory clients came on stream a few months into the pilot.²⁵ However, a number of managers reported that the current flow of referrals was under profile and this had implications for their overall performance, see Section 3.3. This contrasted with one manager who said

²⁵ One contract Manager explained that a mis-match between one provider's expectation of an initial 'trickle' of voluntary clients and the immediate 'rush' of clients that they actually received had implications for early expenditure, as the provider had to recruit more staff at the outset than they had expected.

that the intake was as expected in most areas of the district except in a major city where they had attracted many more voluntary registrations than expected, primarily through word of mouth.

3.1.2 Jobcentre Plus waivers and deferrals

A common view amongst provider staff and managers across districts was that many clients were being referred at a time when the programme would not benefit them and, therefore, that they should have been waived or deferred by Jobcentre Plus. Some chose to blame the screening tool for erroneous decisions, some felt that advisers had been inadequately trained in using the tool, and others perceived that advisers were at fault for not utilising their discretion to override the screening tool. One provider manager recognised that advisers were constrained by 'strict rules' that only allowed waivers or deferrals in exceptional circumstances, and in effect 'passed the buck' to providers to waive or defer at a later date.

Examples given by provider staff of inappropriate referrals were:

- people who had multiple barriers to work (such as being aged over 55, having no formal qualifications and living in an area with a narrow range of job opportunities);
- those who would become ineligible part-way through the programme, as they turned 60 years old;
- pregnant women;
- terminally ill people;
- people soon to undergo surgery;
- those perceived to have severe and/or chronic health problems, such as agoraphobia.

Receiving inappropriate referrals had been discussed at local area meetings between frontline staff and at a managerial level. Since then, it was perceived that PLPAs had become more proficient in using their discretion and fewer inappropriate referrals had been received.

3.1.3 PLPA explanation of provider

There were some criticisms of PLPAs for not promoting providers well enough and giving insufficient or inaccurate information to clients. The following consequences were thought to have resulted from poor promotion and explanation by advisers:

- people coming to providers with unrealistic expectations about how they could be helped (for example, access to National Vocational Qualification (NVQ) courses, or funds for a computer);
- clients doubting the security of their entitlement to benefits;

- individuals being hard to engage because PLPAs had told them that they need do nothing more than attend a number of interviews;²⁶
- poor attendance rates for provider interviews because advisers had not made it clear that attendance was compulsory, or had not motivated clients to attend by talking about the programme enthusiastically.

3.1.4 Making referrals and transferring information

Similar to Jobcentre Plus advisers, frontline provider staff explained that referrals involved receiving a referral form and action plan and sometimes a phone call from the adviser. Clients were then allocated an appointment and notified by letter within a month of referral.

Provider staff and managers identified a number of problems relating to making referrals and the transfer of information from Jobcentre Plus to providers, including:

- not receiving certain information at all;
- not receiving sufficient information;
- not receiving information early enough.

No information

One provider manager thought that Jobcentre Plus advisers were failing to refer new claimants who had not been screened in to the programme. Not having information about these people meant the provider could not invite them to take part voluntarily. It is possible that many of these people would have returned to work (as many who were not screened in were deemed to be close to the labour market) and, thus, that the provider lost opportunities to register job outcomes by helping these people into employment.

Insufficient information

The level of detail in client information transferred to providers from Jobcentre Plus advisers varied. Provider staff generally appreciated receiving as much information as advisers could offer. It was particularly helpful to be notified about benefit status and warned about potentially violent clients. However, some provider staff found the little detail conveyed in action plans frustrating and wanted access to Jobcentre Plus's database of client records.

²⁶ A number of (TPPMs) were aware of these criticisms. One TPPM had examined the promotional material available to PLPAs and sat in on some of their work-focused interviews and judged that advisers were promoting the provider well. Another TPPM wondered whether people were not as informed as providers expected because clients had not listened to the Jobcentre Plus adviser or had not understood what they were told.

Late information

Several provider managers were frustrated that Personal Capability Assessments (PCA)²⁷ did not seem to be happening as early as they should be. Consequently, they learned about clients losing eligibility for incapacity benefits after they had started provider interviews. In this situation people were being told about support they would later lose entitlement to. One manager said that this was not an uncommon problem and that a significant proportion of those referred never continued past the first provider interview because they had lost entitlement. Sending paperwork through the postal system, rather than electronically, was also thought to slow down information transfers.²⁸

However, using computer systems to transfer information electronically did not always prove to be a quicker and smoother option. In one district there were problems linking the Jobcentre Plus and provider computer systems which created a backlog of referral information.²⁹ This delay was thought to have left people waiting to start Pathways, to have impacted negatively on the number of voluntary clients entering the programme and potentially to have lost the provider opportunities to achieve job outcomes.

3.1.5 Working relationships between provider staff and Jobcentre Plus staff

Frontline provider staff discussed formal and informal opportunities for developing relationships with Jobcentre Plus staff. Some frontline and managerial staff mentioned 'cluster meetings', joint events or seminars, and observation visits as organised times when staff had been able to meet, share their views, explain the way they each worked, and garner advice about dealing with Pathways clients. It was also useful when Jobcentre Plus shared job vacancy lists and information about work trials and Local Employment Partnerships via daily emails.

However, not all provider staff had these more formal opportunities for building relationships with advisers and only cultivated patterns of working together with advisers where they (or advisers) had initiated it. More regular or formal opportunities for contact (such as observing Jobcentre Plus interviews) were desired by some staff, and were planned by a manager in one area. Informal, ad hoc contacts were also in use amongst staff who had been brought together on more formal occasions.

Informal contact could be initiated by provider staff or Jobcentre Plus advisers.

²⁷ PCA were carried out on behalf of the Department by ATOS to test claimants' eligibility for incapacity benefits. Under the new Employment and Support Allowance (ESA) regime, Work Capability Assessments have replaced PCA.

²⁸ One TPPM had arranged to send paperwork to the provider by courier, in order to speed up delivery time.

²⁹ The Contract Manager for this provider explained that there were delays establishing client identities and, therefore, eligibility to Pathways.

There were occasions where provider staff contacted advisers for information about individuals, to clarify a person's benefit situation, or to notify advisers of clients returning to work. PLPAs were also said to initiate contact when they wanted to enquire about the transfer of paperwork, or wanted to give provider staff more insights into particular individuals and advice about how to work with them. Several provider managers explained how liaison occurred at all levels of staffing. Some provider staff described having daily contact with Jobcentre Plus advisers through phone conversations, meetings or receiving referral forms, but some said contact was less frequent. Good relationships were described as having come about where:

- staff had worked hard at getting to know individual advisers;
- PLPAs were informative and willing to help when approached;
- the nearest Jobcentre Plus office was small so staff became familiar with working with the same few advisers;
- provider staff had experience of working with the client group and pre-existing relationships with Jobcentre Plus staff;
- provider staff made efforts to feed back information to advisers about clients' progress.

However, some frontline provider staff reported having poor or underdeveloped relationships with Jobcentre Plus staff. Staff in one area were unclear about whether guidelines permitted contact with advisers to obtain information about clients, or whether there were preferred ways of eliciting information. The data also suggests that developing relationships was hindered where:

- provider staff had been told (it was not clear by whom) that they should not contact PLPAs because they were said to be busy conducting interviews, or it was no longer their job to provide advice, for example about benefits;
- telephone enquiries to advisers (for example, to check that a client was still receiving benefits) were unanswered and either not returned or advisers were slow to phone back;
- advisers seemed 'a bit frosty' or were 'incredibly difficult' when seeking help or advice;
- advisers made no attempts to make contact about the individuals they had referred;
- Jobcentre Plus failed to notify the provider's Employer Engagement team of Local Employment Partner (LEP) job vacancies in good time.

The absence of collaboration between Jobcentre Plus and providers sometimes meant that clients were asked to deal with Jobcentre Plus themselves regarding benefit queries.

3.2 Provider delivery

3.2.1 Implementation

Some provider managers thought there had been insufficient time allocated for implementation, between awarding the contract and 'going live', even among organisations established as employment service providers in their district.³⁰ Two managers took the opposite view, however, and had found the implementation period realistic or valuable in maintaining momentum from preparing the bid to receiving referrals. It is not clear why these views differed and may be assumed to result from personal preferences.

3.2.2 Location and premises

Most provider organisations chose a number of premises across their district from where they delivered their services. A number of providers also offered outreach services, or were planning to do so, to reach people living in more remote areas, or those who found it hard to travel. Several advantages and disadvantages regarding premises were noted by provider staff. Some felt that they operated a pleasant environment for clients, which was more inviting than Jobcentre Plus because they had an 'open door policy' and the atmosphere created by staff was 'laid back' and 'friendly'. Those premises with reception areas were thought to offer a sense of security for staff, especially when working alone. However, some premises did not meet staff needs because there were not enough offices or desks, and nowhere to leave equipment.

3.2.3 Staff recruitment, retention and development

Recruiting staff

A diverse range of occupational experience was represented amongst staff recruited to work on Pathways. Some people had experience in working with the client group, or in employment services, having worked previously for Jobcentre Plus or for the provider on other government contracts, or having joined the provider under Transfer of Undertakings legislation.³¹ However, for many providers a significant proportion of their staff were new to 'welfare to work' jobs, with backgrounds in

³⁰ Contract Managers and TPPMs were among those who recognised that there had been problems and delays for some providers in the implementation period (for example, not being able to find accessible premises or suitable staff) and that more of these problems would have been solved before the pilot started if there had been more time.

³¹ This legislation protects the rights of employees in a transfer situation, enabling them to enjoy the same terms and conditions, with continuity of employment, as offered under their previous employment. This legislation covered staff of organisations delivering services under contract to Jobcentre Plus, where these services were taken over by the Pathways contractor.

human resources, sales, Social Services, and the Probation Service. Experience in particular areas of work was sometimes desirable, such as work with ex-offenders or people with alcohol or drug problems. One manager particularly valued staff with commercial backgrounds because they did not focus on individuals' problems and concentrated instead on the task of matching people to jobs.

Some provider managers explained that demonstrating certain skills and competencies, rather than experience, had been the most important factor in recruiting people. Thus, managers had searched for people who were good communicators, listeners and rapport-builders; those who:

- were not opinionated;
- were target-driven; and
- could multi-task and cope well with pressure.

These skills and competencies were often put to the test through rigorous recruitment processes encompassing face-to-face interviews, group work or presentations. In one area, it was felt important to recruit a body of staff sharing the ethnic mix of the local community. There were also two providers who employed former clients to work on their contact team or advisory staff, though this did not work out where individuals found the work 'too tough'.

Staffing levels and turnover

A number of providers admitted that it had been a struggle to recruit the right staff, particularly for managerial positions, or in some locations. In fact, the majority of providers in the study had lost staff within the first few weeks and months of the pilot. Managers explained that some people had been asked to leave because they were not suitable for the job, and some had resigned because they felt the job did not meet their expectations. One view from current staff was that people who had left had felt unappreciated and had gone to other organisations offering higher salaries.

At present most managers were satisfied that they had enough staff to meet demand. There were providers with fewer staff than had been planned for, but this suited the smaller-than-expected caseloads. Some foresaw a rise in staffing levels with the introduction of ESA³² and greater numbers of clients. Only one provider manager felt under-staffed because they had many more voluntary

³² ESA replaced Incapacity Benefit (IB) (and Income Support (IS) paid on the grounds of incapacity) in October 2008. The benefit is paid at two levels: a higher rate to those deemed unable to take appropriate steps to prepare for employment, and a lower rate to those expected to undertake work related activities. There is an expectation that a stricter work capability assessment will filter more people into the work related activity group than the Pathways screening tool directed into Pathways, thus increasing the flow of people entering Pathways.

registrants than had been anticipated. In contrast, there were staff from a number of providers who suggested that there were shortages of trainers, advisers, or employer engagement officers and that consequently individual caseloads were large, staff sometimes worked outside their job role to cover other positions, or clients did not receive the services they were promised (such as training).

Staff training and development

Before the pilot commenced, all provider organisations ran induction courses for staff. Inductions trained staff for their roles by focusing, for example, on motivational interviewing, advising and mentoring, procedural and technical matters involving the computer system, health and safety, first aid and conflict management. In one area, the induction programme was partly based on the Jobcentre Plus Advisory Training Programme. Some providers took a broader approach to training by also inviting specialist organisations to cover topics such as disability awareness, drug awareness, mental health conditions, dyslexia, social security benefits, and the local labour market.

Provider staff and managers described ongoing training and familiarisation, ranging from formal training opportunities to learning through doing the job. In all cases, providers had established a framework for personal development and training needs were periodically reviewed. Examples of active approaches to staff development were appointing 'trainers' to meet with staff on a weekly basis to discuss skills gaps, or 'Coaching Advisers' to observe interviews and give feedback; or offering a rolling programme of training courses. Learning from peers was also considered to be beneficial, to the extent that some managers were keen to bring together staff with a range of backgrounds and levels of experience in each office, or to have staff shadow employees of sub-contractors. Some staff were working towards NVQs in advice and guidance or health and safety, but it was not always clear from the data whether this was a requirement of the job or a personal endeavour.

Despite attempts by providers to meet training needs, some outstanding gaps in knowledge and expertise remained at the time of the research interviews. The most commonly identified training need amongst provider staff was to learn more about social security benefits. In areas where staff had little or no knowledge about benefits, conducting better-off calculations or dealing with debt, staff felt compelled to signpost people elsewhere (such as the local Citizens Advice office) for advice that should have been available in-house. In addition, some provider staff said they required training on the Condition Management Programme, debt counselling, constructing CVs, or dealing with people with health problems.

3.2.4 Models of delivery

Broadly speaking, the ways in which providers organised client routes through the programme and staff responsibilities fell into two distinct models: (1) a case

manager model; and (2) a multi-adviser model. Common to both models was having a complement of in-house staff responsible for advising and/or delivering interventions, and having sub-contracts or links with external organisations to whom they could refer or signpost³³ clients for a range of support.

Case manager model

The case manager model was characterised by having generalist advisers (sometimes called 'Employment Advisers') responsible for case managing the client's progress through the programme. They conducted work-focused interviews, suggested appropriate interventions, made referrals or sign-postings to sources of support, and followed client progress over time. Other in-house staff were specialists (such as physiotherapists, mental health workers and employer engagement officers) and could be brought in to work with the client on particular needs. Nevertheless, advisers maintained responsibility for managing individuals' sources of support and for maintaining contact with clients. One manager was thinking of training some advisers to work specifically with harder to help clients, thus creating two tiers of case managing advisers.

Multi-adviser model

In the multi-adviser model no one staff member was responsible for keeping in touch with the client and tracking their progress for the entire Pathways programme. The client would start the programme by having a work-focused interview with an adviser whose role was to ensure that the client understood the programme, identify their problems and needs, and assess what help might be beneficial. The client would then be offered a referral to a specialist member of staff, depending on their needs and readiness for work. For example, job ready clients could be referred to job brokers³⁴ or employment coaches; people lacking ideas about careers or qualifications could be offered sessions with trainers; those with multiple barriers were often referred to Occupational Health Therapists. These specialists would then keep in contact with the client, directing their next steps and referring on to other staff (or external services) where appropriate. In practice, it seemed that there was no definitive instruction about who should manage the client's case and some staff said the whole team was responsible for each client. One manager explained that their delivery model was changing, so that one adviser stayed with the client throughout the programme. It was hoped that, with this change, people would no longer feel that they were being passed

³³ **Referrals** are understood to occur when provider staff make contact with external organisations to let them know a client is interested in their provision and maybe make an appointment. In contrast, clients are **signposted** to organisations where provider staff encourage clients to approach external organisations for help, but do not contact organisations themselves.

³⁴ These job brokers were internal staff whose role was to help people move into employment by, for example, doing job searches, practising interview techniques and preparing job applications. They played a similar role to organisations acting as New Deal for Disabled People Job Brokers.

between staff, and that staff would take greater job satisfaction from tracking clients' entire journey through the programme.

In three areas, the main Pathways contractor had entered into contracts with other organisations to conduct work-focused interviews or deliver the entire Pathways programme in parts of the district. In areas where a sub-contractor conducted work-focused interviews and the main Pathways contractor organised support for clients, provider staff were not convinced that this arrangement worked well. Staff of the main contractor felt that they were not getting enough referrals from the sub-contractor and that clients were losing out, such as where people entering employment were not being advised about the availability of financial measures or in-work support.

3.2.5 Conducting work-focused interviews

According to provider staff, work-focused interviews typically occurred every month and lasted for an hour, though this could differ depending on the client's circumstances and needs. The purpose of the first interview was described as finding out about the client's situation, helping them to feel at ease, and exploring their aspirations. Some staff and managers described assessment tools, in addition to action plans, which staff used to indicate clients' readiness for work and progress over time. One popular method was to use a traffic light system to differentiate those who were reluctant to engage and not thinking about work (red), people who wanted to work but had significant barriers to overcome (amber), and those who were job ready (green). These assessments and clients' portrayal of their needs guided staff in the support options they then offered.

Challenges

Provider staff mentioned two main challenges when conducting work-focused interviews. Firstly, some felt it was hard to maintain a professional relationship where clients told them many private and personal details, particularly about their health, and appeared to think of them as their friend. Staff in this position said they worked hard to maintain a balance between making it clear that they had no role in providing health care and making the client feel supported. One provider had asked their staff to change practice so that instead of asking after the client's health at subsequent interviews (and embarking on a negative conversation about the client's incapacities), they avoided talking about health altogether and focused on the client's capabilities. Secondly, it was regarded as a challenge to change people's mindsets about work, for example encouraging people to think about returning to work sooner, rather than only when they felt better.

Discretion and constraints

Some provider staff stressed the importance of tailoring support to individual needs and timescales and therefore having the necessary discretion to do so. Staff who were satisfied with their discretion to match support to clients felt that managers were supportive of their approaches to helping clients, even where job outcomes

did not ensue (such as aiming to improve confidence by signposting a client to a writing class); that they had a level of control over their diaries and caseloads; and that they could choose to spend more time with clients who needed more input. Set against this, however, were internal constraints on the ways provider staff worked with clients, including:

- a focus on performance targets and procedures;
- the volume of paperwork;
- a lack of funding;
- staff shortages.

Some targets or expectations about provider performance were set out in each provider's contract with the Department, and were concerned with the following:

- the number of people taking up paid employment, and sustaining employment for 26 weeks (for both mandatory and voluntary client groups);
- the interval between the Jobcentre Plus work-focused interview and the first provider interview;
- the number of people starting the programme (targets for the mandatory and voluntary caseloads);
- the maximum number of waivers and deferrals made by the provider.

Managers explained that their staff had personal or team performance targets and that staff were to aim to meet these targets in whichever way possible. Whilst this instruction gave staff freedom to use their initiative and match support to people's needs, targets applied pressure and could constrain staff. Pressure to achieve targets rose over time (as managers became aware that early performance was below target) and staff felt their discretion diminish and their focus narrow on those nearest to the labour market, at the expense of those who needed more support to return to work. One perception was that staff could do little to help those further from work because they needed intensive support that staff did not have the time to provide. There was a feeling that they were focused on what people could do, rather than what they wanted to do, in order to help clients return to work more quickly. However this was not necessarily a sustainable or satisfactory outcome.³⁵ Some staff perceived that striving to meet targets (such as the number of interviews per week) meant that they did not have flexibility to depart from set procedures. However, there were staff who suggested that they worked around such constraints by offering extra appointments to keen clients if there was time available, or by continuing to see people past five mandatory interviews where they were making progress and were work-focused.

³⁵ Clients were also said to have been diverted away from what they wanted to do in order to take up other available jobs, where they lived in areas with limited job opportunities.

The Pathways contract set particular targets for the number of waivers and deferrals issued by providers. To try to adhere to these targets, providers had limited staff discretion in issuing waivers and deferrals by requiring managerial consent, by obliging clients to supply medical evidence (such as a letter from a doctor), or by instructing staff to waive or defer only in exceptional circumstances. Some staff said they had only a vague understanding of the appropriate circumstances in which they **could** issue a waiver or deferral, which is perhaps a reflection of the finding that some managers were themselves uncertain and felt the need to check decisions with Jobcentre Plus. There were managers and frontline staff who thought it had been hard to keep within the permitted level because of inappropriate referrals from Jobcentre Plus, but some felt they were on target. On the whole, deferrals seemed to be more frequently issued than waivers, but some staff pointed out that it was only worth deferring appointments if the client expected their circumstances to change (for example, following an operation).

A common view amongst managers was that there was too much paperwork in Pathways. Completing and updating required paperwork for each client (such as action plans, case files and an Evidence Verification Template³⁶) was regarded as resource intensive, and meant that advisory staff had less time available for supporting their clients. It was also felt to be hard to keep staff up to date and appropriately trained when the Department regularly changed their requirements regarding paperwork. One view was that the Benefit Delivery Centre would be better placed to seek and record job verification information.

Other constraints on provider staff were not having enough funds to buy expensive provision, such as external training; and having to take on another's, unfamiliar role because of staff shortages.

3.2.6 Failing to attend and sanctioning

Fail to attend rates

Provider managers talked about the fail to attend rates for provider interviews being 'appalling', good, or as having improved since PLPAs were provided with information to give to clients. As well as inadequacies in the way PLPAs promoted Pathways, other reasons thought to contribute to fail to attends were people double-booking themselves, not taking the requirement to attend seriously, not feeling well enough, or not understanding what was being asked of them. One perception was that attendance rates for subsequent provider interviews were better than for the first because people had visited the provider once and seen what was on offer.

³⁶ Evidence Verification Templates were used to record evidence of job entry and sustained employment.

Approaches to sanctioning

There were different approaches to sanctioning across providers. Analysis of the data from some managers and provider staff suggests that one approach was to treat sanctions as a last resort and to assess the individual circumstances of each case before applying a sanction. Thus, provider staff would make several attempts to contact the individual concerned, and might liaise with the Jobcentre Plus adviser about their benefit status and behaviour at the initial interview. One view was that there was a balance to strike between appearing 'too soft' and people not attending, and being too harsh and people feeling unsupported. A good compromise was thought to exist where staff were flexible about rearranging appointments for legitimate reasons, but were firm about the importance of attendance. A competing approach was to apply the sanctioning rules systematically, so that in every case where a person did not attend or respond to the prescribed attempts at making contact, an application for a sanction would be made.

Criticisms of the sanctioning process

Criticisms made about the sanctioning process were that it was too burdensome and that applying sanctions took too long. Provider managers and staff in several areas explained that making multiple attempts to contact non-attendees created a lot of work for advisory staff, which they felt could have been more productively spent on people who wanted to work. Conducting home visits was an area where some providers did not seem to have been fulfilling the Department's requirements. One manager explained that they were only just establishing a home visit team, and staff in another district said they had not been trained to conduct home visits and were uneasy about visiting people at home. However, some providers had found ways of lifting the burden from advisory staff by establishing a team of support staff responsible for following-up non-attendances, or contracting the task of visiting people at home to another organisation. Another criticism was that the process of reducing someone's benefits took too long and that it therefore made little impact on compliance.

3.2.7 Provision of client interventions

In-house or sub-contracted provision

In-house provision typically involved a variety of support to help people prepare for work and find a job, such as careers advice, training, job brokering or employment

coaching,³⁷ better-off calculations, financial support,³⁸ employer engagement activities such as work trials, and in-work support. In some areas, specialist help was available from in-house physiotherapists and occupational therapists. As might be expected, in-house provision seemed popular amongst the staff interviewed. Delivery in group or individual sessions could depend on the client, though group sessions were thought to work well because individuals motivated and encouraged each other.

Contracts had been entered into or were planned with providers of self-employment advice, support for people with sensory impairments, basic skills training, and job-brokering services for people further from the labour market. Mostly, the Condition Management Programme was also sub-contracted in its entirety, although one main Pathways contractor delivered some of the programme modules in-house. Attitudes towards, and use of, the Condition Management Programme varied. In the majority of providers, frontline staff and managers spoke positively about it as an option for clients, calling it a key intervention, or a popular programme that got people engaged in Pathways. Here, frontline staff did not comment on the volume of referrals, but seemed to be using it regularly where clients had anxiety or depression or low confidence. On the other hand, the data suggests there were districts where providers were not using the Condition Management Programme often. One manager explained that staff were not making the number of referrals as predicted because they felt that it focused on health problems and therefore they had doubts about its impact on participants' employability.

External provision

In general, where the main Pathways contractor was well established in an area, they already had contacts with other local organisations. Further links were developed on an ad hoc basis as clients' needs for different kinds of support arose (such as with organisations helping homeless people or people with substance abuse problems); as managers developed networks; or as providers hoped to establish service level agreements with providers of services that were in high demand (such as the Citizens Advice Bureau (CAB)). Database or communication systems were being developed by some providers to disseminate knowledge about local resources to all staff. In two districts the provider organisation was new to the area, or part of the area, and needed to develop contacts and referral

³⁷ Help to search for jobs, write CVs, prepare for interviews, apply for jobs, and refine inter-personal skills.

³⁸ Providers offered one-off payments for a range of client needs, such as travel expenses, work clothing, general expenses between the last benefit payment and first wage, and when they had sustained a job for six months. The Return to Work Credit was also available to people entering employment of at least 16 hours a week. This is a payment of £40 per week payable for a maximum of 52 weeks.

procedures. According to the manager of one provider, Jobcentre Plus had been helpful in suggesting organisations to approach and had invited some to a steering group meeting. However, in both districts some staff had detected resistance to working together from organisations where they were unhappy about a non-local organisation winning the Pathways contract.

Clients were encouraged to seek support from external organisations where in-house interventions were not appropriate, or to supplement the support received from the Pathways provider. Use of external provision had grown over time, as provider staff had learned what was on offer and its impact on clients. One manager thought that using external provision could make the difference between clients rejoining the labour market or remaining on benefits. The following external organisations were signposted or referred to:

- training providers;
- organisations specialising in supporting specific groups, such as lone parents, people with mental health problems, people with sensory impairments, people with learning difficulties;
- drug and alcohol services;
- voluntary associations;
- business advisers;
- job brokers;
- organisations providing financial help, such as the Prince's Trust;
- welfare advice organisations, such as Citizens Advice;
- organisations providing bereavement support;
- homelessness charities;
- organisations similar to the main Pathways contractor, providing job-searching and financial help.

Jobcentre Plus provision

Some staff and managers knew about Jobcentre Plus disability provision (such as WORKSTEP) available through the Disability Employment Adviser (DEA) and referred people when appropriate. However, referral to a DEA was not always considered an option by provider staff for a number of reasons. These were:

- provider staff understood that Jobcentre Plus had passed over responsibility for providing all interventions to the Pathways provider and therefore that nothing was available through the DEA;
- staff were unfamiliar with the role of DEAs and thought that they only **made** referrals to providers and did not receive them;
- staff were reluctant to make further referrals after DEAs had returned previous ones saying that the client could not be helped.

3.2.8 Working relationships

Internal communication and support

At each provider, staff and/or managers described having forums for discussing clients and opportunities to receive support from peers or supervisors, including:

- case conferences, held either monthly or weekly;
- buddying for new members of staff;
- weekly team meetings;
- informal feedback opportunities at lunchtimes or when managers visited advisers at their desks;
- formal performance review meetings.

Case conferences and conversations with staff possessing particular expertise were valued highly by frontline staff because they were a chance to offload thoughts and feelings, to learn from others, and to feel supported by colleagues. In one area, the manager had made special efforts to get regular feedback from staff by establishing a Pathways Council of representatives from each office. However, some staff who felt emotionally affected by their encounters with certain clients (such as people who were terminally ill) felt that support from peers and management was inadequate. Staff were also frustrated when their views did not seem to be taken on board by management; where they felt that there was a 'blame culture' within the organisation fuelled by the requirement to document every meeting and decision; and where they received no feedback on their performance and did not seem to be appreciated. Staff morale was also a concern for managers who noted the need to achieve a balance between pressing staff to meet targets and pushing them too hard, and managers who were aware that morale was low amongst staff working solely with mandatory clients. Responses taken to boost morale were ensuring that staff worked with a mix of voluntary and mandatory clients, or introducing a monthly award for good performance.

Relationships with sub-contractors and external organisations

Close working relationships had been struck up with sub-contractors, at both managerial and advisory levels. Good relationships between managers had been fostered through meeting regularly to discuss procedures and performance; taking a supportive approach, rather than 'a hard line'; and allocating responsibility for managing sub-contracts to particular staff. On the whole, provider managers were happy about the quality of services, particularly where organisations demonstrated expertise and were able to support individuals in ways that the main Pathways provider could not. Nevertheless, there was mild discontent about the time it had taken some sub-contractors to organise their provision for Pathways, or some contractors' apparent lack of emphasis on obtaining job outcomes.

Frontline staff said they had come to work well with sub-contractors because of the early opportunities to network when shadowing sub-contractor staff; sub-contractors often used the main provider's premises to deliver services; and sub-contractors were likely to give feedback about clients. A collaborative way of working was also demonstrated in having formal referral mechanisms and shared access to client records.

Similarly, provider staff relationships with other external organisations worked well where they delivered interventions on-site, and where staff liaised with each other throughout the client's engagement with the service. There were mixed views about sharing client information with external organisations. Some felt that passing on detailed information helped ensure a smooth handover, but others were more cautious and only shared information that was necessary. Sometimes, staff had found that external providers could only take on clients if they were funded by Pathways, although it was occasionally possible to negotiate so that the cost of provision was shared. Paying for provision was not a problem where external providers had their own streams of funding based on the outcomes they helped clients achieve.

Relationships with Contract Managers and TPPMs

Provider managers were largely positive about their relationships with TPPMs and Contract Managers. Through formal meetings and informal conversations, TPPMs, Contract Managers and Jobcentre Plus District Managers were perceived as sources of support and guidance, especially regarding procedural matters. It was particularly useful for managers to feel able to give feedback to Jobcentre Plus and see changes in their practice that helped to improve the programme (such as more detailed action plans).

3.3 Provider performance

3.3.1 Client feedback

Formal methods for collecting client feedback, such as questionnaires or consultation groups, were being operated by some providers. However, frontline staff primarily relied on discussions in work-focused interviews to learn about clients' opinions of Pathways provision.³⁹

The number of client complaints was considered to be low and had concerned, for example, being asked to think about work whilst being unwell; the narrowness of the scope of financial support offered; and difficulties with access and parking.

³⁹ Some TPPMs had established client consultation groups or produced a client evaluation form to help to fulfil their perceived responsibility for learning about client experiences of Pathways. TPPMs observed that client complaints made to Jobcentre Plus would be taken to providers and, on the whole, dealt with efficiently.

Changes made to provision as a result of client feedback included broadening the scope for using financial payments made directly to the client from the provider and introducing drop-in sessions.

3.3.2 Views about performance

Frontline staff views on performance

Staff views about the outcomes they were achieving and their overall performance were mixed. Ways in which they thought Pathways had helped people were:

- motivating those who were not against the idea of work by showing them a better-off calculation;
- helping people move into voluntary work or training as a step towards paid employment;
- changing some people's mindset about work completely, so that they began to consider it, and even found a job;
- supporting people to make positive life changes (such as taking more care about their appearance) even if these did not result in a return to work;
- keeping people motivated to stay in work.

Nonetheless, many staff felt that there was a large proportion of clients who were either very difficult to engage, or who needed more time than Pathways afforded to progress into work. The structure of the programme – a maximum of five interviews – and the targets that had been set did not always fit with the needs and attitudes of the client group. Some advisers were disappointed that there was no official recognition of the 'soft outcomes' they achieved where people did not enter paid employment but made progress nonetheless. A prevailing view was that the targets were unrealistic given that many of the people screened into the programme were far from being ready for the labour market.

Managers' views on performance

All the provider managers interviewed scrutinised management information regularly to check consistency in decisions, note patterns of outcomes, and identify areas where improvements could be made. In some areas, quality auditors checked client files and sat in on work-focused interviews.

A number of managers understood that they were meeting or surpassing some contractual targets, such as keeping within the limit for waivers or deferrals, or attracting more than expected numbers of voluntary clients. However, although some thought that their outcomes were 'superb', most explained that they were not yet meeting the job outcome targets set in the contract.⁴⁰ A number of reasons for this underperformance were offered, including:

⁴⁰ One manager explained that they were under target for both mandatory and voluntary clients. It was not clear whether other managers were referring only to the target for mandatory clients, or to the targets for both groups.

- **the characteristics of the client group:** A high volume of clients were considered to be a long way from job readiness. Some were **hard to engage** because they had been on benefits, and had not considered themselves capable for work, for many years;⁴¹ because they perceived that their doctor had said they were unfit for work; or because they received higher rates of benefit and would be worse off financially if entering low paid employment. There were also people who were considered **hard to help** because they experienced multiple problems, or had fluctuating health conditions. This assessment of the actual client group led some managers to say that their job outcome targets were not feasible and that they had been overoptimistic about the time it would take to prepare people for work. It was explained that the targets had been based on limited knowledge about the best performing Jobcentre Plus districts delivering Pathways. However, one manager was more positive and thought that the target would be achieved as staff refined their practice and engaged more people on a trajectory towards work;
- **insufficient financial support for the transition into work:** One view was that despite the financial help available in Return to Work Credit, the transition from benefits to earnings was still not financially viable for some because they had child care costs and tax credits payments did not commence quickly enough;⁴²
- **problems reaching expected referral numbers:** As reported in Section 3.1, fewer than expected referrals and delays in the transfer of referral information had occurred in some districts and were thought to have impeded providers' chances of achieving job outcome targets. However, as referral numbers improved, the number of job outcomes was also expected to rise.

Suggestions for improvements

Provider managers and staff suggested a number of changes to the structure and principles of the Pathways programme that might help to improve performance:

- altering the length of the programme to give clients and provider staff more time to achieve sustainable job outcomes, or providing funding to continue supporting keen clients after the mandatory process is complete;
- working only with clients for whom a return to work is realistic;

⁴¹ It was a particular surprise to providers when they were referred 'repeat claimants' who had often not worked for up to ten or 15 years. These people came with entrenched views and complex problems and were unlikely to move into work.

⁴² Staff of one provider said that they deliberately spent less money on individuals during the pre-employment stage, so that they could meet the client's greatest need for financial assistance during the transition into work.

- compelling those deemed to be able to work to take part in some kind of work related activity (a contrasting view was held by people who felt that a strength of the programme was that only those who wanted to take up support did so and, as a result, engaged fully with it);
- fast-tracking people onto tax credits upon entering paid employment;
- funding training prior to Pathways, so that people are prepared for work when they join Pathways;
- measuring performance as the 'distance travelled towards employability', rather than just job outcomes.

They also discussed responses to their underperformance that had already been made, or were planned, such as adding extra interventions to their menu of services, and giving staff specialist training to help them identify job ready clients and support harder to help clients.

3.4 Summary

This chapter has presented the perspectives of provider managers and frontline staff. In many topic areas, the findings match up with those from Jobcentre Plus advisers, TPPMs and Contract Managers, providing further insights or explanations.

One main finding was that procedures designed to support the delivery of Pathways were not always operating efficiently and sometimes hindered the achievement of positive client outcomes. There were inadequacies in referral information; providers experienced technical problems resulting in delays for clients entering the programme; the volume of paperwork was thought to be cumbersome and had encroached on the time available for clients; and benefit sanctions took too long to apply thus reducing their impact. Analysis suggests that some of these hindrances were short-lived and part of a learning process in implementing a new programme. However, there was also evidence that some providers continued to feel constrained by inefficient procedures.

The ways in which Jobcentre Plus advisers worked, and their attitudes, could affect provider delivery. Advisers' explanation of Pathways was thought to have contributed to low attendance rates at provider interviews and the clients' level of engagement with the programme. However, this was one area where Jobcentre Plus and providers had worked together to identify problems and had developed joint responses to improve handovers and clients' understanding. In addition, the good working relationships established with collaborative advisers were important for provider staff in building informed impressions of clients and in obtaining advice on helping clients to make progress.

The chapter also outlined areas where the ignorance of provider staff meant that practice did not always follow policy. Thus, some provider staff were not always sufficiently equipped with knowledge to meet all client needs and in some cases

had felt it necessary to signpost clients to other sources of information. There were also examples of not understanding the relationship with Jobcentre Plus regarding service provision, leading to situations where PLPAs were asked to provide client support or, conversely, referrals to DEAs (and specialist disability interventions) were not considered.

Most providers had sub-contracted the delivery of some interventions to other organisations and were happy with the standard of services provided. Another approach was to sub-contract responsibility for work-focused interviews, either in addition to providing client support or as a separate programme component. This was not altogether successful where the organisation conducting work-focused interviews was not also charged with delivering interventions. This case suggests that while sub-contractors may be well regarded and trusted, splitting responsibility for different Pathways components may create inconsistent delivery and, potentially, leave clients inadequately supported.

There was recognition from both provider managers and frontline staff that the clients they worked with were, in general, harder to help than they had expected. Many provider staff explained the tension they felt between wanting to do what was best for individuals and the pressure to achieve performance targets. There were concerns that job outcomes may be achieved, and targets met, at the cost of the clients' wellbeing and ability to sustain long-term the work they had entered.

Discussion points that will be explored further in Chapter 5 are:

- the extent to which problems in delivery are short-lived, or can be resolved with appropriate responses, or are longer-lasting;
- the inefficiency of some procedures and their impact on client outcomes and performance targets;
- inadequacies in provider staff knowledge with regard to supporting individuals, and their understanding of Jobcentre Plus involvement in Pathways;
- the use of sub-contractors and the implications for consistency of procedures and practice, secure data transfer and accountability;
- the tension between tailoring support to individuals and meeting targets, and the implications for sustained employment.

4 The experiences and views of incapacity benefits recipients taking part in Provider-led Pathways

This chapter presents analysis of the experiences and views of people taking part in Provider-led Pathways. It draws on data from semi-structured depth interviews with 30 incapacity benefits recipients who had been referred to a Pathways provider in six different areas of the UK.

4.1 Employment positions over time

4.1.1 **Employment position at the time of the research interview**

Of the 30 people in the study group 18 were receiving incapacity benefits at the time of their research interview. Some of these people had recently had their incapacity benefits claim reinstated after appealing the outcome of a medical assessment which had seen them lose their entitlement to incapacity benefits. One person had just requested a Permitted Work form because they had recently begun working from home. Three people were in receipt of Jobseeker's Allowance; two of these had lost entitlement to benefit after a medical assessment and the third had received no further sick notes from their GP in order to claim incapacity benefits. Six people were in either full or part-time paid work. One person was claiming Income Support (IS) for lone parents and two people were neither in

work or receiving an income maintenance benefit.⁴³ Time periods on incapacity benefits varied from a few months to some years. Some people described a process of having left work because of their ill health and claiming incapacity benefits immediately. There were also people who had claimed after a period of sick pay had ended. Others had not worked or been engaged in paid employment for many years before claiming an incapacity benefit, or had been receiving incapacity benefits for a number of years.⁴⁴

People reported a diverse range of physical and mental health conditions and some had multiple and complex conditions. People were in different stages of treatment and management of their conditions and at different stages in their contact with the provider. Some had just started or were part-way through their series of work-focused interviews. Others had completed their interviews with the provider. Some reported that they had had their contact terminated by the provider.⁴⁵

4.1.2 Thoughts about health and paid work before the first work-focused interview with the provider

People recalled a variety of feelings about health and paid work when reflecting on their first work-focused interview with the provider or the time beforehand. Such views were retrospective and related to different time periods for different people. No-one in the sample said that they did not (eventually) want paid work. Three sub-groups of people were identified:

- people who were thinking about paid work and in some cases taking steps towards it;
- people who were not thinking about paid work in the near future because of their health or caring responsibilities;
- people who wanted paid work but who thought it an unlikely possibility.

⁴³ One of these had been taken off incapacity benefits because of failing to attend an appointment with the provider and had recently claimed Jobseeker's Allowance. The other had lost their entitlement to benefit after a medical assessment and had subsequently signed on Jobseeker's Allowance. However, this person found the work requirements difficult to comply with for Jobseeker's Allowance because of their health condition and so subsequently signed off once they realised that they had enough National Insurance credits for pension purposes.

⁴⁴ People who had been in receipt of incapacity benefits for a number of years had qualified for Pathways after a break in their claim. These people had lost entitlement to incapacity benefits either after a medical assessment or through missing a medical examination through ill health and had made successful appeals to have incapacity benefits reinstated.

⁴⁵ After losing entitlement to incapacity benefits after a medical assessment, for example.

People who were thinking about paid work and in some cases taking steps towards it

Of those people who were thinking about and very keen to find paid work, some had already taken steps towards employment before their first work-focused interview with the provider. For example some were engaged in active job search or had been on, or found out about, training courses. Some of these people stressed that they would need to find suitable employment that fitted around their health condition and their caring responsibilities.

People who were not thinking about paid work in the near future

Some people were primarily concerned with their health and did not perceive that they would be able to take paid work in the immediate future. Some of these people already had contracts of employment or skills in certain areas and, although they were unable to do their current or usual kind of job, they perceived that they would be able to return to their previous employment or find similar employment when their condition improved. Some felt too unwell to think about undertaking paid work in the immediate future. Others thought that their health and personal circumstances made it unsuitable to be thinking about looking for a job at that time. Some perceived that their health condition would, for the foreseeable future, prevent them from continuing in their current or usual kind of employment but had no formal skills or qualifications for other types of work. Some of these people were keen to retrain.

People who wanted paid work but who thought it an unlikely possibility

The people in this group said that whilst they wanted paid work they thought they were unlikely to find it because they perceived that employers considered them to be 'unemployable' or on 'the scrapheap' due to their age, health condition or the length of time they had been out of employment.

4.2 Learning about Provider-led Pathways

As Chapter 1 explains, it is at the Jobcentre Plus work-focused interview that people are expected to learn about their obligation to engage with Provider-led Pathways and the provider delivering it in their area. However, some people said that they did not have a work-focused interview at Jobcentre Plus and learned about the requirement to attend meetings with the provider in other ways. There were also people who remembered having had a work-focused interview at Jobcentre Plus but could not recall being told about the provider at the time.

4.2.1 How people came to learn about Provider-led Pathways

In total, 16 of the 30 people in the study group remembered having a work-focused interview at Jobcentre Plus. On the whole, people who had attended a work-focused interview had understood that this meeting was compulsory and that their benefit could be affected if they did not attend. Of these 16 people,

15 remembered learning about the provider in their work-focused interview. One other person could not remember whether or not they were informed during the interview, but recalled subsequently getting a letter about the requirement to attend a meeting at the provider.

Ten people said that they had not had a work-focused interview at Jobcentre Plus. Most of these people thought they had not been asked to attend an interview, though one person had agreed with Jobcentre Plus that they would not attend because of their health condition. People not attending a work-focused interview at Jobcentre Plus came to hear of the provider in a variety of ways. One way was by receiving a letter informing them that an appointment with the provider had been made for them. Two people thought that this letter had been sent by Jobcentre Plus, two thought it had come from the provider and others were not sure who had sent it. A second way people learned about Provider-led Pathways was during conversations with Jobcentre Plus staff when making a claim for benefit. Four study group participants could not remember having had a work-focused interview at Jobcentre Plus, however they did not rule it out. Of these, one said that they had come to hear of the provider from a source at the hospital and had subsequently contacted Jobcentre Plus and asked to be referred to the provider. One other could not remember how they had come to hear about the provider. Of the two people remaining, one remembered receiving a letter from Jobcentre Plus and the other recalled being told about the provider by Jobcentre Plus staff.

4.2.2 Information about the provider received by those who did not have a work-focused interview at Jobcentre Plus

As reported previously, some people who said they had not had a work-focused interview at Jobcentre Plus had first learned about the requirement to attend a series of provider interviews via a letter. The data showed that people recalled different understandings about the letter's content. How people are given information about Pathways is important to their subsequent understandings about it. Compared with receiving a letter, for example, being told about Pathways face-to-face may present opportunities for the adviser to explain in ways that are meaningful to individuals and allow clients to ask questions.

4.3 The work-focused interview at Jobcentre Plus

4.3.1 Information about the provider received by those who had a work-focused interview at Jobcentre Plus

Of those who had received information about the provider in a work-focused interview, some said they had been told that being sent to the provider constituted part of a new government initiative for people on incapacity benefits. Others remembered being told that the provider was a 'private firm' or an 'organisation'. It seems that not everyone could remember being told that the initiative was compulsory, although everyone who had questioned Jobcentre Plus staff as to

whether they had to go was told this. Generally, people described the information they had received from Jobcentre Plus staff in one of the following ways:

- the provider would help them **find paid work** – sometimes the specific focus had been on helping disabled people on incapacity benefits to find paid work
- the provider would help them to **prepare for paid work**, for example by arranging access to training, helping with CVs, developing interviewing skills, helping to start up a business and generally discussing options available to them
- the provider would help them to both **prepare for, and find, paid work**.

4.3.2 Views about the usefulness and relevance of the work-focused interview at Jobcentre Plus

People held mixed views about whether or not the work-focused interview at Jobcentre Plus had been useful. Positive views were held by people who had welcomed the advice and information offered, for example about Return to Work Credit, Permitted Work rules, benefit linking rules,⁴⁶ making a gradual return to work, and in-work tax credits. People had also found better-off calculations helpful. More neutral views on the work-focused interview included that it had been 'ok,' or 'perfectly fine' and 'not as bad as expected'.⁴⁷ People with contracts of employment had questioned why they should have to attend a work-focused interview at Jobcentre Plus when they already had a job to return to. Views on the staff who had conducted the Jobcentre Plus work-focused interview also varied. Some people spoke positively about the adviser saying they had been very helpful; others held less positive views. Another person held a mixed view in that they thought that the adviser was both helpful and a useful source of information, but that they had not held the most up to date knowledge about in-work benefits on which to base a 'concrete' decision about returning to work.

4.4 Understanding what would happen with the Pathways provider

4.4.1 The requirement to attend further work-focused interviews with the provider

Among those who had attended a work-focused interview at Jobcentre Plus, there was a range of understandings about the requirement to attend further work-focused interviews with the provider. Some people understood that they 'had

⁴⁶ Benefit linking rules allow people to return to their previous level of incapacity benefits (within a certain time period) if they try paid work and find it unsuitable.

⁴⁷ For example where people perceived that their health condition carried a 'stigma' or because they were expecting to be assessed for 'some scheme'.

to' go to the provider or they would lose their benefit, or a portion of their benefit. However, there were also people who had not realised that their attendance at the provider was compulsory. One such person was not aware that their (initial) appointment at the provider was compulsory and had attended because it had sounded interesting. On asking the provider staff if they might return sometime they then found out that they were obliged to attend for a series of interviews. Others recounted that the obligation to attend more than one appointment at the provider had not been explained to them. Some people perceived that they had been invited to take up the offer of a referral to the provider, but not that they were required to attend interviews there, or thought that they had come to a 'joint decision' with their Jobcentre Plus adviser about visiting the provider. Similarly, some felt that they had been treated favourably by being referred to the provider, feeling that they had been offered access to the provider's services because they had demonstrated to their adviser their willingness to work.

Of those who had attended a work-focused interview at Jobcentre Plus, and had understood that attendance at the provider was compulsory, there was a range of feelings about the obligation to attend. Some people said they were happy to go to the provider because they wanted to find work, or had thought the prospect of visiting the provider had sounded interesting and wanted to see what was on offer because they needed extra help to look for, or get back to, work. One person who particularly did not like going to Jobcentre Plus premises considered that going to the provider from then on would be a better experience. Mixed views were given by people who were curious about what the provider could offer or wanted to access support regarding returning to work, but who also thought it 'a bit steep' that they were being obligated to attend when they would have volunteered to attend, or that they were being 'pushed into doing something' by the threat of losing benefit and experiencing financial need.

Negative feelings about the prospect of having to attend further work-focused interviews centred on concerns about the impact of attendance (and what they would be asked to do) on their health. For example, one person feared that the provider would find them work before they felt well enough. Another fear was that they would be sent on a 'course' with no job at the end of it.

Themes were similar for those who had not had a work-focused interview at Jobcentre Plus. All but one of those who had received a letter asking them to attend had understood that attendance was compulsory. Again feelings about having to attend echo those outlined previously. Most of the above feelings were to be found among all sub-groups of people outlined in Section 4.1.2, with some nuances. For example, whilst all of those who were thinking about work and taking steps towards it felt that this might be an opportunity or a source of help for them, some of them also felt that they were being 'pushed'; that they 'had to go' or face losing benefit.

Some people who felt that they were limited by their health or caring responsibilities but that work was a possibility for the future had felt happy to go along to the

provider to see what was on offer. However they more often also recalled feeling worried or apprehensive, frightened or bemused or thought it 'odd' that they were being required to attend at the provider when they had concerns about their health or personal situation or where they already had a contract of employment. Those people who wanted work but felt that work was an unlikely outcome for them also spoke of 'having to go' to the provider or lose benefit and one said that he thought it would be a 'waste of time' in their circumstances.

4.4.2 Impressions of the provider before attending the first work-focused interview

A range of initial impressions about what would happen with the provider were held by people **before** attending the first provider interview. These were quite similar regardless of whether people had had a work-focused interview with Jobcentre Plus or not. Some said that they had not known what to expect and felt they had not been given enough information about the initiative, and some of these assumed it might be a bit like Jobcentre Plus or that it was an 'extension' of Jobcentre Plus. Others had very positive views and expectations. For example expectations included getting 'help' to prepare for work (such as training courses; interview skills and CV construction; confidence building), or to look for a job and negotiate entry into work with employers.

4.4.3 Making appointments with the provider

In general, appointments were made in the Jobcentre Plus work-focused interview (where people had one). Typically, the adviser telephoned the provider to make an initial appointment whilst the client was with them, and in one case after the client had left. The time interval between referral and first provider interview ranged from between two and eight weeks. One person thought that an eight week wait was 'ridiculous' and did not match the government's message about helping people back to work quickly. Few problems were experienced with this referral mechanism, though the reminder letter to one person was sent to an incorrect address which caused confusion regarding the appointment time, and one person was unhappy about having no say in the timing or date of their appointment.

Where people had not had a work-focused interview at Jobcentre Plus, most said that either the provider or Jobcentre Plus had sent out a letter to them detailing that an appointment had been made with the provider. Others had been told at the start of a claim by someone in Jobcentre Plus that they would be receiving a letter from the provider and subsequently the provider sent out a letter detailing their appointment time. One person requested contact with the provider through Jobcentre Plus after hearing about them from a contact at a hospital. Where the appointment arrived directly from the provider, this was the first that some people had heard about their referral. Some problems were encountered where these people did not receive notification of their appointment in time, or the allocated appointment was inconvenient.

4.5 Contact with the Pathways provider

By the time of the research interviews, a range of experience of Pathways and providers was represented among study participants. Everyone in the study group had had at least one work-focused interview with the provider, and the number of subsequent interviews ranged from between one and seven.⁴⁸ As well as attending work-focused interviews, some people had also used provider facilities at least once a week to look for work and, over a number of months, might have experience of several different courses and health interventions. Other people had had no more contact than one or two work-focused interviews because they had found a job; had become ineligible for Pathways when they lost entitlement to incapacity benefits following a medical assessment; or because they were waived or deferred in their first work-focused interview.

Some people reported having seen the same adviser on each visit and in the main most people had welcomed this connection over time with the same person. Others said that they had not always met with the same adviser. One person said that they had seen three different advisers over four interviews.

As well as a provider adviser some people had met with other provider staff who ran courses on CV construction or interview training. One person perceived that the provider seemed to have allocated different staff to different aspects of the clients' trajectories to work. For example, one person spoke of how they had seen a different member of staff for their first interview, for their Better-off calculation and for their application for Return to Work Credit. They had perceived this to be inefficient and said that the staff could become confused over different clients' situations.

4.5.1 The first work-focused interview at the provider

There were some broad commonalities mentioned in people's recollections regarding the pleasant disposition of the provider staff and the availability of tea and coffee making facilities. People often recalled discussions in the first work-focused interview about the number of subsequent appointments they were required to attend. The duration of the interview was one area where experience differed. Some people remembered the first work-focused interview being used only to gather very basic personal information from them and to inform them that they could be helped back to work by the provider. Others recounted relatively detailed explorations of their work history, medical condition and personal circumstances. Some people noted how the first work-focused interview had involved discussing the provider's role in helping people to return to work, and the client's aspirations, skills and interests. Information such as details about training courses and the

⁴⁸ It seems that some people had continued having interviews with their personal advisers after they had finished their series of compulsory work-focused ones.

support available for constructing CVs was also said by some people to have been given by provider staff during the first interview.

People who were thinking about paid work and in some cases taking steps towards it

Some people in this group had started looking for jobs with the adviser or had discussed, and taken steps towards, starting their own business in the first interview with the provider. Others described the encounter as 'helpful' or 'interesting' and said that they felt optimistic about finding paid work with the provider's help. One person had felt that 'the world opened' when the provider assured them that they would find a job to fit with their caring responsibilities. Others had different or mixed feelings after their interview. For example, one person felt that whilst the adviser was 'lovely' they did not seem to have suitable jobs available for them and another echoed that the adviser was lovely but essentially not a lot happened in the interview. Someone else had felt 'puzzled' after their first interview because they felt that whilst the adviser had told them what they needed to do in order to keep their benefits they had not told them how they could help them back to work. Someone who had taken steps towards starting their own business in the first work-focused interview perceived that if they had not suggested becoming self-employed then the adviser would have been keen to place them in the kind of work which they had previously done but for which they were no longer able to do for health reasons.

People who were not thinking about paid work in the near future

Some people in this group spoke about being pleasantly surprised during their interview, for example, being reassured that there would be help when they were ready to access it. Some who had been confused and worried about being called to the provider because of their health concerns had felt reassured in their first interview. Other people in this group had different feelings after their first encounter with the provider. Some felt that paid work was given preference over their health condition. One person felt that the conversation had been all about getting back to work and that this was not appropriate when they felt so unwell. Similarly, another person said that they were not asked at all about their health condition and the conversation was entirely focused on taking steps towards paid employment. This person had felt 'angry' and 'frustrated', perceiving that the provider was failing to take their individual circumstances into account.

Another person recalled struggling to attend the interview because they were unwell. Subsequently, their interview lasted a very short-time during which they were told that they should not have been asked to attend and would not need to do so in the future. Someone else recounted that, whilst their adviser had been nice, they had felt emotionally upset after their first interview and said that they would have preferred to have had a home visit. Others had felt that their interview with the provider was no different to the work-focused interview that they had at Jobcentre Plus, or that whilst there had been some good aspects, learning about

Return to Work Credit for example, they had not understood why they had been called for a work-focused interview given their health. One other person had felt 'none the wiser' after their interview, perceiving that the adviser had not explained how they could help them in the future.

People who wanted paid work but who thought it an unlikely possibility

One person in this sub group recounted that the adviser, who had been pleasant, had clearly explained their role in trying to get the client back to work but that the outcome of the first work-focused interview had been a realisation that this would be unlikely to happen because of their health condition and age. Another person had thought the adviser 'lovely' but had questioned why the adviser needed so much information – they recalled being asked for bank statements, a passport and other sources of identification.

4.5.2 Subsequent work-focused interviews at the provider

Experiences of subsequent work-focused interviews also varied amongst people in the study group. Where steps towards paid work or self-employment had successfully been taken in the first interview, subsequent appointments could be used to apply for back to work incentives like Return to Work Credit. For those people who returned to work over the course of their contact with the provider, a more gradual provision of support was described. Subsequent work-focused interviews were used to explore employment opportunities or to think about, (and sometimes take up) training, voluntary work or self-employment opportunities. Following that, meetings might then be used to arrange start up grants, clothing grants or back to work bonuses.

For those who did not move into paid work, subsequent work-focused interviews were used to discuss personal circumstances; to conduct employment searches; to explore new employment opportunities that might have arisen; to construct CVs; to fill in application forms; to use the phone, or photocopier, or printer or to have a 'chat'.

4.5.3 Views about work-focused interviews and other contact with the Pathways provider

It should be noted that not all of the study participants had completed their contact with Pathways providers and therefore their opinions about the Pathways programme and providers were based on partial experience. There was evidence from the study that people's views changed over time, such that initial scepticism could be replaced by more positive perceptions as time went on and more support or encouragement was received. Some people considered that contact with the provider had been worthwhile for them, and that their motivation, optimism and confidence about finding and taking paid work had been boosted. These feelings could occur after the first work-focused interview for some people. Other valuable experiences for people included:

- the intensive one-to-one support received whilst looking for work. People spoke of how helpful it was to have someone ‘actually help them’ to find paid work: taking them through computer searches, looking for appropriate jobs and constructing CVs, for example. Another spoke of being able to go and discuss with staff when they had had a ‘bad’ interview, for example;
- looking forward to meetings with the provider because they got them out of the house and into a pleasant social situation;
- a sense of achievement in getting themselves to the appointment;
- being pleasantly surprised about the amount of support on offer;
- feeling that staff were ‘understanding’ about their situation.

Some people contrasted the intensive support received from Pathways with the experience they had previously had in Jobcentre Plus where they were told that they had ‘to look for work’, but felt that they had not been helped to do so. Indeed, some people questioned why it was only those who had been signed off sick who had access to such support, and thought it should be extended to everyone on benefits. In some cases where people had not felt ready or wanted any support, it had helped to know that support was there if and when they might need or want to access it.

Mixed perceptions were held by people who thought the staff were very nice, helpful and friendly and the atmosphere was very welcoming, but that the programme was of little use to them, personally. Such people spoke of getting little value or ‘no help at all’ or felt no nearer to securing paid employment or improving their health. One view was that whilst the staff were well intentioned they had to work within the limits of the organisation or local labour market, such that they were unable to provide sufficient financial help towards training needs, or did not have access to enough good quality jobs and that what was primarily on offer were jobs in the lower sectors of the labour market. One person had thought it unhelpful that staff would not provide a reference for a potential employer because they had not been a client of the provider for long enough. Other views were that staff were not well enough informed about benefits, education and training, or the possibility of work placements, and that interviews were sometimes too short in duration.

Some people with significant or multiple barriers to employment (for example because of health, age and qualifications) thought that the intervention had been of no use to them. Some other people did not appreciate the emphasis given to work-seeking behaviour by the provider when they themselves thought it inappropriate to their health condition. A perception was held by some people that a tacit or sometimes explicit understanding had arisen between themselves and the provider adviser that the series of work-focused interviews was necessary to comply with benefit conditions rather than serving any useful purpose in relation to paid work.

Not everyone felt that they had got on well with their adviser. One person recounted a series of unpleasant interviews with their adviser and said that in the final interview they had seen another member of staff. After having attended a work-focused interview at the provider, some people reflected that it had not been as useful as they had expected. For example, one person went along to the provider expecting the focus to be on their 'training' requirements but the provider had primarily focused on 'work'. In addition, some people perceived that they had not been given enough information by Jobcentre Plus staff about the provider before going and one person questioned whether Jobcentre Plus staff actually knew what happened at the provider. Other critical impressions were that interviews were sometimes repetitive, especially where people met with different advisers and so had to repeat their basic background details in each interview. One person also perceived that providers might be taking credit for outcomes people had achieved for themselves, for example where clients showed initiative and organised themselves into work placements or training. In such cases, providers would need to sign paperwork in order for people to continue claiming benefits and would, therefore, have an opportunity to record this outcome as their own achievement.

4.5.4 Failure to attend work-focused interviews with the provider

Generally, people understood that failing to attend an appointment with the provider could result in their benefit being reduced or withdrawn. Some people had cancelled appointments or attempted to rearrange appointments when they had not been well enough to attend or for some other reason. This was a relatively straightforward process for some and they reported that their adviser had been understanding and had subsequently rearranged their appointment. However, there were also people who had experienced problems and anxiety when trying to rearrange an appointment with the provider. For example, one person had telephoned to say that they would not be able to make their appointment but had subsequently been sent a letter saying that their benefits would be affected if they did not get in touch to rearrange an appointment. It later transpired that the adviser had not received the message that they were unable to attend. This also happened to someone who had tried to phone the provider to tell them they were unable to attend, but whose mobile phone had run out of credit mid call. These examples suggest that there may be problems of miscommunication between provider staff concerning people who attempt to contact the provider adviser to notify them that they cannot attend.

4.5.5 Understandings, perceptions and experiences of sanctions

On the whole people understood that their benefits could be affected if they did not comply with their obligations to engage with Pathways. People held different, and sometimes mixed, views on sanctions.

Some people spoke of not wanting to do anything to jeopardise receipt of their benefit, especially because they were unwell and relied on benefit payments. Others said that they took the threat of their money being cut or withdrawn seriously and that they could not afford to lose their benefit. Some people said that they wanted to attend their work-focused interviews and had no intention of missing any of them. The threat or use of sanctions was variously described by some people as 'threatening', 'blackmail', 'degrading' or 'pressure'.

Some people thought that it was entirely inappropriate that people who might be very unwell could face a sanction for not turning up at their work-focused interviews. One went further and argued that people who were seriously unwell and were therefore more likely to miss an appointment and face a sanction due to ill health should not be on the programme at all. Some people were anxious where they had missed an appointment and had subsequently received a letter telling them that their benefit would be affected if they did not keep their next appointment. One other person who recalled being told that they had 'better turn up to the next' appointment or their money would be stopped subsequently felt like they had to attend appointments even where they felt like 'death warmed up'. Two people had been sanctioned for failing to attend a work-focused interview at the provider. One had been in hospital and had not been at home to read the letter telling them they had an appointment with the provider. Although this person saw their benefit reduced for failing to attend, the original level of benefit was later reinstated when they explained the situation. Another person had had their benefit stopped completely for failing to attend two appointments. They said that they had been unwell on both occasions and that they could not put how they felt at having had their benefit stopped 'into words'.

The data suggest that some people did not think that the threat of sanction was necessary, saying that they would have attended at the provider willingly.

4.5.6 Views about location and premises

The environment inside the provider offices was often compared favourably with that of Jobcentre Plus offices. Whilst some people liked going to Jobcentre Plus offices, others did not and some of these said that they were made to feel like they were 'scrounging'.

Provider offices were on the whole thought to be clean and comfortable, friendly and welcoming with tea and coffee making facilities. They also provided private spaces to discuss personal situations with advisers. One person said that on their first visit the atmosphere had 'made you feel as if you wanted to go there'. The lack of security guards (a noted presence by people in the study group at Jobcentre Plus offices) was also welcomed.

Some people experienced difficulties in travelling to premises that were not accessible on public transport, especially if they had conditions which affected their mobility, and sometimes had to arrange for people to take them there in a

car. Although some people found meeting the travel expenses difficult there were other people who said they had had their travel expenses reimbursed.

4.6 Experiences of provider support

Where it was offered and received, support accessed via or directly from the provider could be grouped into several broad areas:

- emotional support;
- practical support;
- help with financial support.

Many people talked about the emotional support and encouragement that had been offered by provider staff. They spoke about receiving reassurance and understanding from staff and some people said that they were motivated and kept enthusiastic and optimistic about their chances of finding paid employment. Experiences of support varied and are discussed ahead according to whether people were thinking about paid work or not at the time of their first contact with the provider.

People who were thinking about paid work and in some cases taking steps towards it

Some people in this group had received support from the provider throughout their trajectory to paid work. For example, one person who had started their own business had got practical support which ranged from being helped with information and contacts for starting a small business; going on a business training course and help with a business plan and funding sources. They had also found the better-off calculation useful and had benefited from Return to Work Credit. Another person's trajectory had included going on a course to discuss their health and paid work needs, having help with their CV and personal job searches tailored to their needs to fit paid work around their care responsibilities from their provider adviser. They had also been able to begin studying for a City and Guilds and had access to Return to Work Credit and Working Tax Credit upon starting paid work. Other people spoke of using the advisers 'drop-in' facilities like computers, telephones and photocopiers to search for work on a regular basis or of having had help with their CV construction. Some people had valued the opportunity to receive some career advice and guidance.

Some who had accessed training courses via the provider, for example, painting and decorating, felt that this support might lead them into (better) paid work eventually. As well as seeing the training courses as highly relevant to their future job prospects, some also considered the in-work benefits as a good incentive to enter paid work. However, one person in this sub group had thought that the courses on offer were below the skill set that they already had and some people had perceived that their CV had not actually improved since the provider staff helped them with it.

People who were not thinking about paid work in the near future

Two people in this sub group had gone through similar trajectories to paid work as those described previously. For example one person spoke of receiving reassurance and emotional support from the adviser and encouragement and practical help to start their own business. One other person who had found paid work had been given access to Return to Work Credit and a voucher for new clothes when finding work. One person was accessing an IT training course from the provider whilst another in this sub group had been on a first aid course.

Apart with some help with CV construction and liaising with a housing association on the client's behalf, other people in this sub group had not accessed any support other than the emotional support provided by the adviser or perhaps having some help with their CV. This was for a number of reasons. Firstly, some people were offered courses that they felt were either inappropriate to their current skill level or to their health condition. Some thought that they should not have been offered practical support to return to work at all because of their health condition. Another person had thought the offer of a bicycle or a moped to travel to a nearby town for work an inappropriate suggestion given their age and health condition. One person said they had agreed with their personal adviser that it was too soon for them to be contemplating work preparation. Another person who had been told that they could receive a voucher towards payment at their local college had said that they were interested in taking this opportunity up but due to their health condition they were too fatigued to make the necessary arrangements. Some people who were not accessing support said that it was nevertheless good to know that support was there which they might access in the future.

There were people in this sub group who had lost their eligibility to incapacity related benefits after a medical examination and who had subsequently not been able to access any (further) help from the provider. There were also people in this group who had arranged support which had subsequently been postponed, sometimes by the provider and sometimes by other organisations accessed for training via the provider such as local colleges. One other person had their health support arranged via the provider withdrawn once the provider discovered that the client's employers provided a similar service. Other perceptions were that it was difficult financially to take up offers of training where the participant had to pay even a small amount of money towards a course. Another view was from those who felt that they had been 'pushed' or 'shoved onto' courses by the provider without really wanting to do them.

People who wanted paid work but who thought it an unlikely possibility

People in this group had not received any support but recounted different perceptions about this. One said that they had not seen any of the support as being relevant to them. The other complained that they were not offered any practical help with looking or finding paid employment. On the whole, most of those who were thinking about work before attending at the provider received

some support which they perceived appropriate. Some of those who were not thinking about work in the immediate future also received support and two of these people made the transition into paid employment. However, there were also people here who perceived that they were not ready for support towards paid employment because of their health conditions.

4.7 Support received through other sources

In order to understand how Pathways provision might fit with other sources of support, this section identifies the variety of practical and emotional support from sources other than the provider that people said had been helpful, or not, to them. The data showed that there were differences in the number of sources of support that people were able to call on.

4.7.1 Support from Jobcentre Plus

Some people had returned to Jobcentre Plus for help or support after their handover to the provider. The range of experiences of subsequent contact with Jobcentre Plus included:

- meeting with advisers to discuss Return to Work Credit;
- using job search facilities;
- returning for help after a change in benefit entitlement;
- making enquiries upon being sanctioned.

Even though some people had recalled that the Jobcentre Plus adviser had made it clear that once they were seen by the provider they did not need to return to Jobcentre Plus, one person recalled that their Jobcentre Plus adviser had said they could phone any time to discuss the impact on their benefits of taking up paid work: 'Just to make sure you're doing the right thing'.

Another person had received helpful advice about grants from staff at the Benefit Delivery Centre. One person who had worked as a semi-professional in the service sector considered that Jobcentre Plus had more and better jobs on offer than the provider.

All of the people who had attended a medical examination after being sent to the provider adviser, and who had consequently lost their entitlement to incapacity benefits had subsequently had contact with Jobcentre Plus. For some people the process of signing onto Jobseeker's Allowance, where they had subsequently done so, went without incident. A return to Jobcentre Plus was also prompted where someone's GP did not issue a sick note and the participant subsequently went to sign off incapacity benefits and onto Jobseeker's Allowance. They subsequently felt that nothing much constructive happened in their Jobseeker's Allowance appointments and that, in comparison to the intensive one-to-one support they had received from the provider, the Jobseeker's Allowance adviser did not provide

the same level of in depth support. Another person who had lost entitlement to incapacity benefit after a medical assessment and had subsequently signed onto Jobseeker's Allowance perceived that they were asked to consider inappropriate jobs by Jobcentre Plus for their health condition.

There was also contact with Jobcentre Plus upon being sanctioned for failing to attend work-focused interviews with the provider. For example, one person initiated contact with Jobcentre Plus to seek clarification about their benefit payments when they had stopped being paid (they said that they had failed to attend a number of provider interviews due to ill health). Although this person had contact with Jobcentre Plus at this time they were not told for some months that they could claim Jobseeker's Allowance and had subsequently struggled financially, sold some of their belongings, and built up debt and housing rent arrears.

From a client centred perspective, it might be suggested from the data above that the division of responsibilities between providers and Jobcentre Plus could potentially cause confusion and uncertainty about where to access help.

4.7.2 Support from family and informal networks

Support from informal networks like family and friends are also important factors which might be expected to affect the relative importance in people's lives of initiatives like Pathways.

People who were thinking about paid work and in some cases taking steps towards it

The majority of people in this sub group spoke of either living with family or a partner or of having family or a partner who lived nearby. Informal networks of family and friends were often, but not always, described by people as important in providing both psychological and practical support – as well as being a source of support they could also constitute a source of conflict or worry, for example.

One person who was very keen to find paid work said that they had absolutely no family or friends living near them from whom to draw support and found themselves 'massively depressed' in such a situation. They also said that their contact with the provider was, at that time in their life, their only social contact of any depth. The availability and timing of medical interventions will also be important for those who want to make the transition to paid work. Some people spoke of receiving support from health professionals but others specifically noted how unhelpful they had been – in provision, professional attitude or timings and time delays for interventions, for example. One other person complained about a lack of support from social services. Some people in this group spoke of receiving support from counselling services. One person perceived that an employment organisation they were in contact with had been 'brilliant'.

People who were not thinking about paid work in the near future

There were very similar themes in this sub group of people. Informal networks of family and friends were often valued and had provided help for some people with the practicalities of daily living. Again, those with limited or unsupportive networks or without strong or resourceful networks spoke of the practical and emotional difficulties this sometimes caused them. One person who had been sanctioned and had their benefit completely withdrawn said at the time of interview that they had no one to help them and they had 'no heating, no gas, no food. I've got nobody really here to help me'. Others in this sub group had received help from a local authority housing department; National Health Service (NHS) help lines; GPs; counsellors; careers organisations; employment support organisations; Citizens Advice and helpful staff at an insurance company. Some in the sub group perceived that the health service could provide them with more or better support.

People who wanted paid work but who thought it an unlikely possibility

One person in this sub group lived with family and spoke of support from the NHS with their health condition. The other person lived alone and considered that the only source of support they had in terms of looking for employment was themselves. In different ways, both of these people considered that one of their main barriers to work was a lack of support from employers – one primarily because of their health and the other because of the length of time spent out of the labour market.

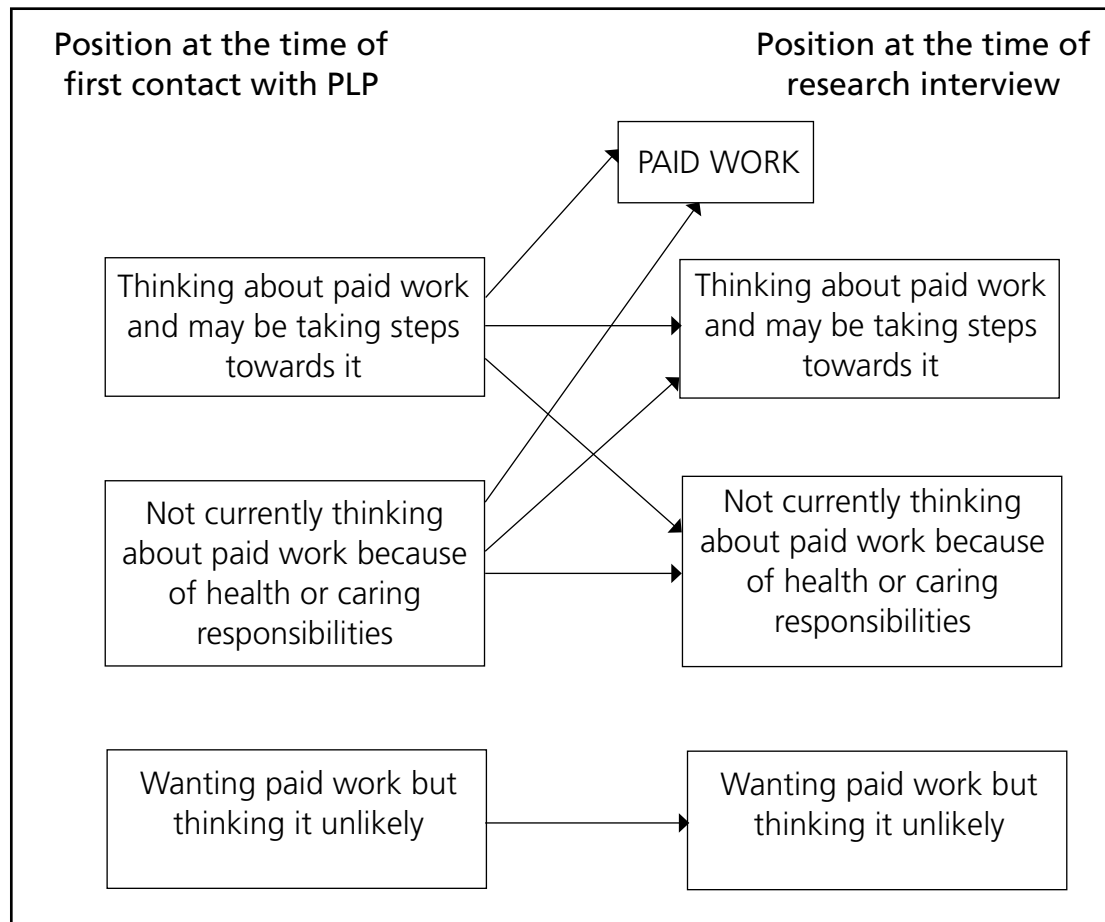
4.8 Current situation and influences in moving towards work

This section looks at people's employment and benefits situation at the time of the research interviews. People in the study group were in one of four stages:

- people who were in paid work (Section 4.8.1);
- people who were thinking about paid work and in some cases taking steps towards it (Section 4.8.2);
- people who were not thinking about paid work in the near future (Section 4.8.3);
- people who wanted paid work but who thought it an unlikely possibility (Section 4.8.4).

It is helpful to consider where people were in relation to health and paid work at the time of their research interview compared with where they were at the time of their first contact with the provider so as to map out their transitions and identify those factors which were significant in them making moves towards, or further away from, paid work. The full range of transitions made by people in the study group is represented in Figure 4.1.

Figure 4.1 Employment transitions



4.8.1 People who had moved into employment

Of the six people who were in either full or part time paid work (employed and self-employed), four of them had, at or around the time of their first Pathways work-focused interview, been thinking about paid work and some had been taking steps towards finding it. People gave many factors as being important in having made this transition to work. For example, one person said that it had been their own desire to work, help from the provider and that they were able to set themselves up as self-employed, which provided the degree of flexibility they needed to manage their fluctuating health condition. Similarly, another person said that it had been their own will to find employment, intensive help and encouragement from the provider and the fact that, after many months of applying unsuccessfully for a range of jobs, they had finally found paid work that fitted with their caring responsibilities.

The two other people had initially been more focused on their health conditions when they had their first contact with the provider and were not thinking about work in the near future. Nevertheless, they had made the transition to paid work by the time of their research interview. One of these people had received intensive one-to-one support to look for paid work and moral support from provider staff and their partner and had found a job which was less manual than their previous

work. They also mentioned financial need as an impetus to trying to find suitable employment. The second person attributed their transition to encouragement from both the provider staff and also their close family. Again, this person had become self-employed and worked from home so that they could take rest breaks when they needed to and only worked when they felt well enough to do so. On the whole, people considered that they would eventually have entered paid work or self-employment without Pathways, but that it would have taken them longer, and that it might have been more difficult and expensive to do so. One person who spoke very highly of the support she had received from the provider felt that getting back to work was mainly her own accomplishment.

Nevertheless, people often also spoke of how helpful the programme was, or had been, to them. One person who considered themselves 'determined' would not have known about the training course she subsequently attended had it not been for the provider. One person spoke of their move into self-employment as having arisen from a combination of their own desire and the help to do it. Other ways in which the provider had supported people in their moves towards and into work were by giving motivation, encouragement and support and leading people through the process of looking for work 'step by step', for example. Another commonality in the data was that those people who were in paid work or who had taken some work recently had managed to get suitably flexible work which had allowed them to manage their health and caring responsibilities along with paid work. For example, one person with a fluctuating health condition who had become self-employed said that no employer would be as flexible about working hours as he could be himself.

4.8.2 People thinking about paid work and taking steps towards it

A number of people in the study group said at the time of their research interview that they were ready for, and looking for, appropriate paid work, but that they had not found anything suitable. One person was offered work on a weekly basis through their network of employment related contacts, but it did not fit with their health condition and they were unable to accept any of it. Similarly, others who were seeking work felt restricted in the kinds of work they could take on and wanted work that would fit around their health condition and their caring responsibilities. Most of these people were also classified as being in this sub group at the time of their first contact with Pathways. As earlier sections have demonstrated some of these people had taken steps closer to paid work by, for example, embarking on a training course from the provider. Some of them had also had their contact with Pathways terminated because they had lost their eligibility for incapacity benefits after a medical examination. Two people had made the transition to this sub group: from not thinking about work at the time of their first contact with the provider, to thinking about paid work at the time of their research interview. One of these people was on a training course which they had found out about after signing onto Jobseeker's Allowance after losing their

eligibility to incapacity benefits. The other was in the process of starting a house move to be nearer job opportunities, training courses and their family. They said that provider staff had been very helpful in arranging the initial contact between themselves and a housing association but that their contact with the provider had not hastened them to consider paid work any quicker than they would have done themselves.

4.8.3 People not currently thinking about work

This sub group consisted of people who were not considering paid work in the immediate future because they wanted to focus on their health condition; or they were waiting for treatment or undergoing treatment. One person had previously been looking for short-term work at the time of their initial meeting with the provider but their circumstances had changed by the time of their research interview and their caring responsibilities meant that they could not look for paid work in the immediate future. One person thought that paid work was currently 'out of the question' because of their health. Women who were pregnant or who had recently given birth were also among those who were not considering work in the short-term. Some of those people with potentially degenerative health conditions did not know what their prospects were either in terms of health or paid work.

4.8.4 People who wanted paid work but thought it an unlikely possibility

There were also people in the study group who wanted to work but had come to believe that there was no hope of them ever being employed again. They thought that potential employers would not want to take them on because of their health condition and associated pace of working, or the length of time they had spent out of the labour market. There were no transitions made either into or out of this sub group.

4.9 Views on the future

When the people in work were asked whether they had any specific support needs, one person said that they felt ready to increase their hours and had the opportunity to do so, but because their partner was unemployed there was a financial disincentive to do so. This person also said that they would like to know whether they would be able to contact the provider in the future if they needed any help – a finding which suggests they were not aware of the provision of in-work support from the provider. Another person who was still in contact with the provider for support with their small business said that they could already feel the effects of the financial down-turn on their turnover. Another self-employed person said that they would like help with the benefit system, for example help to understand how Council Tax Benefit is calculated for those who are self-employed.

There was a range of support needs – both in relation to finding paid work and in improving their personal situations – mentioned by people who were thinking

about paid work and taking steps towards it. Some people who wanted to work were concerned about the impact of the economic downturn on the likelihood of finding and keeping a job. One person was particularly fearful about moving into work and being laid-off quickly because they did not trust the information given by Jobcentre Plus about the linking rules for incapacity benefits, having felt misled in the past by Jobcentre Plus information.

Some people who were taking steps towards work had concerns about their employability prospects because of their limiting and long-term health conditions and the economic downturn. Some of those who had lost their entitlement to incapacity benefits after a medical assessment mid way through Pathways, and who had subsequently started receiving Jobseeker's Allowance, said that they would have liked the support they had been offered at the Pathways provider to have continued because they felt a need for such help. One person who had previously been on Jobseeker's Allowance noted that it was 'strange to feel like there is no support when you're actually on JSA'. In his experience 'you have to be ill, and not really fit for it' before much-needed, more intensive support was given.

Some people who were not thinking about paid work in the immediate future mentioned that their needs were more health related and wanted improved health services and access to counselling services in order to be well enough to think about work. Other people in this sub group perceived that they would need help to get into work, either with preparing for work (for example constructing a CV), or in accessing training and education and in paying for it. Some people had training aspirations for the future, which would enable them to progress to jobs they were interested in doing or to return to jobs they had been qualified to do in the past.

It was clear that for some people finding paid work was not always at the forefront of their thoughts. Increased financial support by way of out of work benefits and practical assistance were mentioned by some people in this sub group as outstanding support needs. For example, one lone parent felt unable to have an operation which would restrict their mobility for some time because they lacked financial and practical help to ensure their children were adequately looked after. Another person would have appreciated help to find alternative accommodation for a relative who was currently living with them. One person said that they would appreciate a holistic Pathways service that focused on the barriers preventing people from taking up paid work: 'whether it's housing, education, keeping my (work-related) certificates current, the best way that I can get my medical treatment done as quickly as possible'.

For those people who wanted paid work but thought it unlikely, support needs focused on arguing that employers should be given incentives to take on long-term unemployed people.

Some people in the study group gave their views about whether they would want any contact with the provider in the future. These varied and are outlined ahead according to whether people were thinking about paid work or not at the time of their first contact with the provider.

Some of the people thinking about paid work or taking steps towards it were still in contact with the provider. One of these had only had one work-focused interview and was 'waiting to see' whether the provider could find them a job. Of those who had had more sustained contact, one had mixed views about whether they would want future contact because they felt that they should have been in employment already. Another understood that they would be able to contact the provider at any time in the next two to three years. Two people in this sub group had had all of their obligated work-focused interviews at the provider. One of these had asked the provider if they could return at regular intervals until they had found work and were subsequently doing so. One of the people who had entered paid work from this sub group at the time of their research interview said that they expected to be in touch with the provider at a 13 week interval in order to receive a back to work payment.

Some people who were not thinking about paid work in the near future had finished their compulsory work-focused interviews with the provider. One perceived that they could go back to the provider if they found something they were interested in doing. Another spoke strongly about not wanting any more contact with the provider because of their negative experience with a personal adviser. One person spoke of being discouraged from contacting the provider in the future because they had not been given help when they had asked for a particular training course. One person who was still in contact with the provider said that they would not want any future contact with the provider because they felt 'pushed' towards paid work when they were feeling unwell.

One person who had been waived at their first work-focused interview said that they would get in touch with the provider when they felt well enough to do so. Of the people in this sub group who were subsequently working at the time of their research interview, one said that they would like to go back to the provider in the future if they needed any further help but that they were unsure whether that would be permitted. Another said that they were still in contact with the provider to receive support for their small business and expected this to continue for some months.

The people who wanted paid work but who thought it an unlikely possibility had finished their contact with the provider and expressed no intention of wanting to contact them in the future. They thought that the programme had been a 'waste of time' for people in their circumstances.

4.10 Summary

People had varying thoughts about paid work at or around the time of their initial contact with the Provider. Three sub-groups of people were identified:

- people who were thinking about paid work and in some cases taking steps towards it;
- people who were not thinking about paid work in the near future because of their health or caring responsibilities;
- people who wanted paid work but who thought it an unlikely possibility.

As said in Section 4.1, at the time of the research interview (usually some months later) people were at different stages in their contact with the provider. Some had just started or were part way through their series of work-focused interviews with the provider whilst others had completed them. With that caveat in mind, however, the diagram in Section 4.8 shows that whilst there had been movement out of both the first and second categories into paid work or self employment (but primarily out of the first category) there had been relatively little movement between categories – one or two people had moved between the first two categories but category three had remained static.

People described a range of experiences of their work-focused interview with Jobcentre Plus, with some people maintaining that they did not have one at all. Subsequently, not everyone in the study group said that they had received information about the provider in person from Jobcentre Plus, and some reported being sent a letter either directly from the provider or from Jobcentre Plus detailing their appointment with the provider. Some perceived that they had not been given enough information as to what would happen at the provider; that they had not realised that the meetings were compulsory; or had not understood that their benefits might be affected if they failed to attend. This highlights the need for processes to inform people of their obligations and the goals and aims of Pathways as fully as possible.

Generally speaking however, people understood that the provider would in some way help them to prepare for, or find, paid work. First impressions of the provider, after the first work-focused interview, were that staff had been pleasant and premises hospitable. Many people also recalled a discussion about the number of appointments they would have to attend. Sometimes these first appointments had changed people's (negative and positive) pre-conceived ideas about what the provider would be like.

The range of support offered by, and taken up from, the provider could be grouped into three main areas: emotional support, practical support, and (information about, and access to) financial support. Those with relatively high skills or those who thought themselves beyond help considered that the interventions offered were not relevant to them in their situation. However, those who did feel able to take up support offered to them seemed mostly to appreciate it. Some people

in particular spoke highly of the one-to-one intensive job search support that Pathways providers could offer. Some people had been very disappointed when support was not followed through (for example, where the provider failed to keep in contact). Some people commented that having to make even a small financial contribution towards training or education offered to them could make this support unfeasible.

There were several different views held about the usefulness of Pathways. Some people perceived that they were unlikely to benefit from the programme because they thought that they faced too many barriers to work and were seen by employers as 'unemployable'. However, there were also people who considered their contact with the provider worthwhile. Where people had found paid work they often felt that their own determination to work had been a very important, if not the crucial, factor in their progress. These people perceived the provider as having had a role in facilitating a smoother and faster route than they otherwise might have had. Significant influences for those who had moved into work seem to have included wanting to find a job; the help to do so; being able to do so and finding or generating sufficiently flexible employment conditions that fitted with their health condition and/or their caring responsibilities.

The findings show that the timing of medical assessments and their results can have implications for people's progress. People were often disappointed and felt unsupported when they lost their eligibility after a medical assessment and Pathways support was withdrawn. Often, these people felt that their health condition had not improved and that they would have valued more intensive help to find work, especially where they found the Jobseeker's Allowance regime hard to comply with. People could also feel that they were left in 'limbo' where they had appealed the medical decision and the Pathways provider had suspended support.

Chapter 5 will discuss the following themes explored in this chapter:

- the potential for confusion and uncertainty created by current methods of informing people about Pathways, the provider and the obligation for benefit recipients to take part;
- the importance of perceptions about health in decisions to move towards or into paid work and the timing of health interventions;
- clients' interpretations that they are beyond help, given that Provider-led Pathways has a remit to help all new claimants of incapacity benefits, including those deemed 'harder to help';
- the timing of medical assessments and how they fit, or do not fit, with the timing of referrals to Pathways providers;
- the implications for take-up of appropriate support (such as training) where clients are asked to make small financial contributions towards the cost;

- the extent to which providers did not meet client expectations, such as where staff had insufficient knowledge or failed to maintain contact with the client;
- people's perceptions about the necessity of sanctions and conditionality in Pathways provision;
- people's awareness of in-work support from the provider;
- the procedures in place to communicate between provider staff when a client fails to attend a work-focused interview.

5 Conclusions and discussion

Chapter 5 concludes the report by discussing a number of key issues for policy. The report has presented findings of an *early implementation* study. This study was designed to learn more about how Provider-led Pathways was set-up and about its operation throughout the early months of implementation. It was expected that if there were problems they would be evident at this early stage, as Jobcentre Plus and providers became accustomed to their roles. It is, therefore, important to separate what appear to be ‘teething problems’ associated with being a new initiative, from more longer-lasting and systemic problems. This chapter will use this distinction in discussing the main issues for policy arising from the research findings.

5.1 Tension between the ‘black box’ contract design and the expectations and level of involvement of Jobcentre Plus and Department for Work and Pensions

As discussed in Chapter 1, organisations were contracted to deliver Pathways to Work using a ‘black box’ approach, enabling a large degree of flexibility in the design of systems and services to support people towards and into paid work. The only stipulated programme elements were the series of work-focused interviews and the provision of a Condition Management Programme. It was not clear what written guidance had been given to providers regarding the operation of day-to-day procedures, such as registering referrals, issuing waivers and deferrals and handling sanctions. However, the evidence suggests that guidance was insufficient as Contract Managers, and Third Party Provision Managers (TPPMs) in particular, had spent a large proportion of their time liaising with providers and advising on best practice regarding procedures and programme content, and this had been welcomed by provider managers. Thus, the findings suggest that for early implementation at least, provider managers sought more direction than offered in

the contract and formal guidance and that, whilst TPPMs and Contract Managers may have been able to fill this gap, this had relied heavily on them having time available, and being prepared to offer as much assistance as required. There are also implications for consistency of practice within and across providers in dealing with clients, where formal guidance is not detailed enough. If, as Provider-led Pathways develops, best practice in how Jobcentre Plus and providers work together is learned, then it could be useful to collate this information in a written document for other providers and Jobcentre Plus districts to use.

The data indicated that provider staff also needed some guidance regarding the performance of their role and had sometimes initiated informal contact with Jobcentre Plus advisers for information or advice. For some advisers and provider staff, these contacts were opportunities to strengthen relationships and to learn from each other. However, these communications or attempted communications were also perceived as a source of unease where Jobcentre Plus advisers felt they were doing the provider's job for them, and where provider staff felt that advisers were obstructive, or contact with Jobcentre Plus was, generally, discouraged. One conclusion that can be drawn is that provider staff had a need for guidance on day-to-day matters from more experienced personnel, and the supply of information and advice was dependent on Jobcentre Plus advisers making efforts to be helpful.

The findings show that formal, organised forums for sharing knowledge and ideas were useful to staff of both organisations and it could be interpreted that such events removed pressure from individual staff to spend time making enquiries of Jobcentre Plus, or for advisers to spend time providing answers to queries. More widespread use of such regular forums could also be useful in building trust between staff and supporting the development of constructive relationships between individuals. It is worth noting that the need for provider staff to seek support from Jobcentre Plus advisers may be short-lived and only a feature of early implementation, since provider staff will build experience over time on which they can draw. Nevertheless, close relationships with Jobcentre Plus advisers could still be important for collaborating about more difficult cases, particularly where advisers want to pass on in-depth information about clients, and ideas for supporting them, that cannot be communicated on referral forms and action plans.

The use of a 'black box' contract also had implications for monitoring providers and their outcomes. The findings highlight tensions between TPPMs and Contract Managers about who should be monitoring which aspects of providers' delivery and outcomes. There was also dissatisfaction among some Contract Managers about the 'light touch' approach to monitoring that accompanied the discretion given to providers. If the Department is keen to maximise learning about contracting out provision and to be able to make informed changes where providers are underperforming, then it may be necessary to consider ways of scrutinising providers more closely.

Pathways contractors are able to sub-contract responsibility for delivering Pathways to other organisations and, among the providers that took part in this study, both work-focused interviews and service provision had been sub-contracted. The findings show that sub-contracting elements of the programme has implications for consistency in delivery and for ensuring all clients are adequately supported; for the security of client information where data is transferred to sub-contractors; and for independent monitoring and appraisal of standards in delivery (as the Department has no legal grounds for monitoring sub-contractors). If Pathways providers are to continue sub-contracting both work-focused interviews and service provision, it might be useful to supply providers and sub-contractors with written guidance about acceptable standards regarding consistent practice, secure data transfers and accountability.

5.2 The tension between the discretion given to providers in establishing Condition Management Programmes and expectations of its use

As explained in Chapter 1, Department for Work and Pensions (DWP) and the Department of Health (DH) had supplied providers with guidance and conducted training sessions about the Condition Management Programme. However, while the contract required the inclusion of a Condition Management Programme within Provider-led Pathways, there was no requirement specified about the use of this provision and its content. Some provider managers and staff explained difficulties in establishing their Condition Management Programme and their reservations about using it. There was also apparent concern among some Jobcentre Plus advisers, TPPMs and Contract Managers about the under-use of the Condition Management Programme, including attempts by TPPMs to boost the number of referrals. Such concern points to pre-conceptions about a desired level of use, which seems at odds with the non-directive approach implied in the contract. It seems that if providers are expected to deliver a programme as a contractual requirement and there are certain expectations about how it is delivered and used then these need to be stipulated. Sharing information about best practice and past Condition Management Programme success stories may help provider staff to understand more about the programme's aims, content and possible impact on clients' trajectories towards work.

5.3 Unclear divisions of responsibility

Provider-led Pathways introduced a new kind of relationship between Jobcentre Plus and employment service providers. In doing so, providers became responsible for conducting work-focused interviews and, with it, for making decisions about who was required to attend interviews and when an application for a benefit sanction should be made. The study showed, however, that divisions of responsibilities between Jobcentre Plus and providers were not always clearly

drawn. In particular, there is a need for clarity about the appropriate stage to issue a waiver or deferral and thus, whether Jobcentre Plus advisers are better placed in the first interview to make this decision, or whether it would be more suitable for providers to decide at a later stage.⁴⁹ It also appears that clarification of what constitutes an appropriate referral is needed. At present there seem to be different interpretations of appropriate and inappropriate referrals, with providers feeling that too many of the people referred are too hard to help (including some of the clients interviewed for this study).

The study findings also highlighted uncertainty amongst provider staff about the role of Jobcentre Plus staff and services in Pathways. Specialist disability provision, accessible through Disability Employment Advisers (DEA), is available to Pathways clients, yet was not always considered as an option by provider staff, some of whom thought that Jobcentre Plus no longer offered any services to Pathways clients. If people who may benefit from programmes such as WORKSTEP are to get the specialised support they need, then clear guidance needs to be made available to provider staff about the circumstances in which they (and their clients) can approach Jobcentre Plus for help. Although this lack of understanding may only be a temporary problem, it might be useful if provider staff knowledge was refreshed and updated over time to ensure staff remain aware of all available support options.

Roles and responsibilities could be further confused where people seek to access help from Jobcentre Plus whilst remaining a client of the Pathways provider. In cases where people choose to initiate contact with PLPAs and where people are referred legitimately by provider staff to access programmes through the Disability Employment Adviser, it is not clear who, if anyone, is co-ordinating support and ensuring help is not duplicated or advice is not contradictory. A recent study of Jobcentre Plus advisers' referral practices on the Pathways programme (Nice *et al.*, 2009), showed that even though advisers thought that they remained the case manager after referring a client to service providers, some providers felt that they had assumed responsibility for case management at the time of referral. If a similar confusion of roles and responsibilities is to be avoided in Provider-led Pathways, it might be helpful for policy makers to consider how such cases should be managed and by whom.

5.4 The implications of procedural problems

Analysis of the data showed that there were a number of ways in which procedures were not working as expected. This section assesses the implications of these problems in two ways. First, by looking at problems that demonstrate a need

⁴⁹ As mentioned in Chapter 2, Jobcentre Plus advisers' discretion to waive incapacity benefits recipients was phased out after the introduction of Employment and Support Allowance (ESA), and it will not be possible for PLPAs to waive any Pathways clients from October 2009.

for **greater information sharing** amongst key actors, and second, considering those that show a need for **greater efficiency**. There are indications that both deficiencies in information and delays in procedures are features of early implementation, and may be smoothed out as staff become more experienced and organisations become more adept at working together.

5.4.1 Information provision

A smooth handover of clients from Jobcentre Plus to providers (in which people are informed about Pathways and the local provider by a PLPA, and providers receive information about clients) was not always achieved, primarily because the key actors involved lacked information. Thus, some PLPAs felt that they did not have adequate and up-to-date information about the provider and their services to pass on to the client; and a number of provider staff felt they received little information about clients with referrals. However, there were signs that, over time, the information flow between Jobcentre Plus and providers could improve, particularly in areas where the production of regular provider newsletters was planned. Encouraging frontline staff to develop closer working relationships by holding joint events or by initiating informal contact, may also help to improve information sharing.

Further to this, clients lacked information where they had not fully understood at the time they went to the provider what would happen there and that their attendance was compulsory. It is not clear how much people had been told and then forgotten, or had misunderstood at the time of their Jobcentre Plus interview. However, there was evidence that some Jobcentre Plus advisers were less than confident when talking about the array of service provision offered and this at least could be remedied by better information sharing with advisers by providers on a regular basis.

5.4.2 Procedural efficiency

There were a number of ways in which procedures were not operating as efficiently as hoped. Firstly, it seems that not all (mandatory or voluntary) referrals sent to providers were acted upon quickly, leaving people waiting for an invitation to attend or not invited at all. The implications here are manifold. There is a possibility that motivation or interest following the Jobcentre Plus work-focused interview will be reduced or lost if there is too long a wait. Where people are not contacted at all then they may be left unsupported and providers may miss opportunities to achieve job outcomes. In large part, the problems following up referrals seem to have been early technical difficulties which have since been resolved. However, these findings illustrate how important it is to ensure that technical and organisation infrastructures used to manage referrals are adequate for the task and for the volume of referrals handled, **before** people enter the programme.

Secondly, the findings suggest a need for greater efficiency in the organisation of medical examinations. Medical assessments taking place after people have started

interviews with providers are not only unhelpful to staff waiting for reports of clients' capabilities. Where people are judged ineligible for receipt of incapacity benefits at these assessments they also lose eligibility for participation in Pathways. The implication here is not only the possibility of larger caseloads for provider staff (inflated by people who should not have entered Pathways) and less time for individuals as a result (and at any event the proportion of clients entering the programme who subsequently lose entitlement to incapacity benefits is not clear). In addition, people can be denied requested support, and time and motivation can be wasted, where providers withhold support from people appealing their loss of benefit. It can also be a negative experience for people who have been invited to enter Pathways to see the offer of support withdrawn at a later date. Problems regarding the loss of benefit, and temporary or permanent loss of support through Pathways, were also evident in the Pathways pilot delivered by Jobcentre Plus (Corden and Nice, 2006). In previous research and in this study, people who lost entitlement to incapacity benefits mid-way through the programme and claimed Jobseeker's Allowance felt that it would have been beneficial to continue receiving support to prepare for the job market. Policy makers could usefully reflect on whether people who lose entitlement and do not make a (successful) appeal are more likely to be nearer to being job ready, and are therefore, people who might be helped into paid work by Pathways. Removing the extra support offered by Pathways from such people because of the definition of eligibility may mean that they stay on benefit longer than they might otherwise have done.

5.5 The importance of attendance at the Jobcentre Plus work-focused interview

There are ways in which the findings both question and support the importance and relevance of having the first work-focused interview at Jobcentre Plus. Firstly, it seems that a number of people had entered the programme without attending an interview at Jobcentre Plus, suggesting that it was not crucial to compliance with the requirement to attend provider interviews. It should be noted that Jobcentre Plus staff and provider staff did not explicitly refer to a situation where people could be referred to providers on a mandatory basis without first being asked to attend a work-focused interview at Jobcentre Plus. Some benefit recipients indicated that they had received information about the provider from someone at Jobcentre Plus but that this was not an interview. It is possible that people in such cases had attended a work-focused interview without realising, particularly as some PLPAs reflected that their interviews were often short and focused only on giving people information about the provider and the requirement to attend further interviews.

However, the findings also suggest that not meeting, or not remembering meeting, a PLPA before engaging with the provider could have implications for people's awareness and knowledge of the programme they had entered, including its compulsory nature and the support offered. Attending a face-to-face meeting with

an adviser gives people an opportunity to ask questions and build an awareness of what kinds of help may be offered. Although those in the study group who did not go to an interview heeded the advice in the letter they received and attended a provider interview, it is possible that other people in the same situation might not attend. This then creates an administrative burden for providers to follow up those who fail to attend and commence sanctioning procedures.

In addition, although some PLPAs wondered why the first interview needed to be conducted at Jobcentre Plus rather than providers, the evidence from providers suggests that PLPAs have an important role in 'selling' Pathways and ensuring people attend and engage with the support offered.

Policy makers should also be aware that there may be benefits to promoting Provider-led Pathways more widely, to attract people who are not required to attend work-focused interviews. The evidence from this study suggests that some people considering work might actively seek access to Pathways support once they have knowledge of its availability.

5.6 Failing to attend and sanctioning

The study findings point to a number of issues regarding compliance to attend interviews and benefits sanctions, which contribute to the debate about conditionality for people on incapacity benefits. Firstly, client views showed that compulsion to attend work-focused interviews was often felt to be unnecessary and did not influence behaviour, because people felt they would have attended without the threat of benefits being reduced. In some cases people felt offended by the idea of sanctioning because they perceived themselves as claiming incapacity benefits legitimately and wanted to work when possible. Furthermore there was evidence from clients in the study group that sanctions can be applied inappropriately, when people have been unable to attend interviews due to ill health.

The findings also highlighted problems in the processes established to ensure people comply with the requirement to attend interviews. Miscommunications and procedural problems within provider organisations meant that some people who had missed appointments were worried about losing part of their benefits even though they had done all they could to explain their non-attendance. In addition, the slow application of sanctions to benefits was a criticism of current procedural arrangements made by providers. There was a suggestion that if sanctioning benefits is to have the intended consequence of encouraging compliance, then a more efficient system for assessing the evidence and applying the reduction to payments immediately is needed. Also, provider managers could usefully consider employing more administrative staff, to follow up client non-attendance and prepare a case for sanctioning. This would allow advisory staff to spend more time with people who do attend.

5.7 The fit between what Provider-led Pathways provides and people's expectations and needs

The report has highlighted a number of issues regarding the match between the delivery of Pathways and the expectations and needs of the people it aims to serve. The study included findings suggesting that some people's needs were met by Pathways and that some people's negative pre-conceptions were overturned by their actual experiences of the provider and the help offered. Nonetheless, analysis also indicated areas in which there were mismatches between needs and service provision. As in earlier sections, some of the mismatches can be interpreted as 'teething problems' and will most likely improve over time. However, there are also ways in which the design of the service and the structure of delivery appear not to fit with the needs of the client group, and which may continue to affect outcomes unless changes are made. The fit between provision and needs is considered under the following headings:

- contact and support over a period of time;
- staff knowledge and skills;
- the tension between job outcome targets and tailoring support to people's needs;
- providing the required support;
- in-work support;
- client choice.

5.7.1 Contact and support over a period of time

During early implementation there were signs that providers were not always able to maintain regular contact with clients. It is not immediately apparent why there were cases where providers lost contact with clients mid-way through their interviews, or did not follow up requests for support from people keen to find work. However, the data suggests that at certain times the flow of referrals from Jobcentre Plus to providers was high (and higher than expected), and that caseloads were generally large, and one interpretation is that the volume of clients (and workload) made it hard for staff to keep track of individuals. Greater numbers of staff would help to create smaller caseloads and would enable provider staff to spend more time working for individuals during interviews and between times. In addition, installing reliable central systems for updating records and for reminding staff about 'active' clients (and ensuring staff are adequately trained in its use) might help staff to manage caseloads and ensure individuals are not forgotten.

5.7.2 Staff knowledge and skills

Gaps in provider staff knowledge and skills were also indicated as reasons why some people's expectations and needs were not met. For example, there was some

agreement between the views of Jobcentre Plus advisers and provider staff about the latter being unable to provide some of the services offered, such as better-off calculations where staff were not trained to conduct them. It might be assumed that these problems reflect the early stage of Provider-led Pathways, and that expectations about provision may match up once staff are fully trained and more experienced. There was also evidence from some PLPAs, TPPMs and providers that local service provision was not always being used extensively, partly because staff were not familiar with established provision. This would not seem to be a problem where in-house interventions are sufficiently wide-ranging to encompass most people's needs. However, where it is not or people have less common needs, then more appropriate support delivered externally needs to be considered. There were signs that organisations were turning attention to developing links with other service providers, having initially focused on establishing in-house provision. Also, it could be expected that referrals and sign-postings to outside organisations will increase as staff learn what is available and become assured about its quality and effectiveness.

5.7.3 The tension between job outcome targets and tailoring support to people's needs

A prominent finding in the study was the tension that existed between the aim to tailor support to client needs and the drive to meet job outcome targets. In particular, provider staff (and PLPAs) felt that the focus on performance targets influenced their behaviour with clients, to the extent that they spent less time than required with people with multiple barriers to work (and perceived as harder to help). They also felt they needed to encourage job ready clients to take jobs that would enable a swift return to work, rather than take lengthier routes towards jobs that they wanted. To some extent the lack of support for harder to help people was borne out in the client data, where some people with multiple work barriers perceived their attendance as fulfilling an obligation only and not as a means of receiving help.

Therefore, from the evidence of the early implementation of Provider-led Pathways, there is a real possibility that the focus on achieving performance targets incentivises staff to 'cream' off (focus attention, time and resources on) those nearest to the labour market; and to 'park' (not attempt to progress) people perceived as 'hard to help' and for whom any progress towards work would mean a greater concentration of resources. Changes to targets, such as the introduction of 'softer outcomes' (i.e. where it can be shown that the client has moved nearer to job readiness), or a lower target for the number of job entries (perhaps reflecting the nature of the client group more accurately) could still incentivise staff to aim for work-related outcomes, but might also enable them to focus more closely on the needs and aspirations of individuals whatever their circumstances.

5.7.4 Providing the required support

Part of the rationale for contracting out the Pathways programme to private and voluntary organisations was to encourage innovation in service provision and value for money, so that imaginative responses to a diverse range of client needs would ensure that people of varying stages of readiness for work would receive some help to make progress. The findings show that Pathways had met people's needs where they felt they had received beneficial and appropriate support, such as people who spoke highly of the one-to-one intensive job search support. There was also evidence of the support from Pathways being influential in movements towards and into employment, even if people in work felt their own drive and determination had been the crucial factor. Furthermore, there were people who thought Pathways would not be able to help them who subsequently made rapid progress towards being work ready.

However, there are a number of ways in which the study findings show that some needs and some people further from the labour market were not currently catered for in Provider-led Pathways. For example, the findings suggest that the providers' packages of support providers had little to offer people who had retained a contract of employment, or people who perceived that the whole programme was inappropriate for them because of their ill health. Likewise, it was apparent that the support offered was not always aimed at the needs that people felt most acutely, and which seemed most pressing to them. For example, when asked what support they would like to receive some people talked of help that was not specifically work-related (such as a home-help), but that would help improve their wellbeing and, as a result, possibly help their progress towards employment.

Drawing these findings together, it seems that there is still some way for providers to go in developing innovative interventions to meet a diverse range of needs. One lesson learned from the evaluation of the Job Retention and Rehabilitation Pilot (Farrell *et al.*, 2006) was that having someone to act as an intermediary between an employee and employer, and to draw up plans for a return to work, was useful to both parties. The 'black box' would allow providers to take on this liaison role, and might be a valuable role to adopt where people have jobs that they want to return to. If providers were encouraged to take an holistic approach aimed at addressing the barriers to work that people feel the most, even if they are not primarily work-focused, then they will learn more about the support people want, and be better prepared to explore different ways of providing this to them.

In principle, the black box approach should mean that provider organisations have more flexibility than Jobcentre Plus in the way money can be spent on individuals to achieve job outcomes. However, the views of some provider staff and clients showed that there were financial limits on what could be provided, and in some cases this had meant support was denied or could not be taken up where the client was expected to make a contribution towards the cost. If providers are to achieve their projected outcomes then they may need to spend more money on individuals than originally envisaged.

5.7.5 In-work support

Pathways providers are paid according to the number of job outcomes they achieve and receive an additional sum for job entries that are sustained for 26 weeks. It might be expected, therefore, that providers would have invested resources in delivering in-work support. The findings relating to provider staff and managers suggests that support for people who have entered employment is available, at least in some Pathways areas. However, there was little evidence among the client study group that in-work support had been offered, let alone taken up. Instead, people explained that they were either uncertain about whether they could return to the provider for assistance, or felt that they did not want to return. It should be remembered that the data for this study was gathered at an early stage in the implementation of Pathways when the number of people returning to work might have been low and, thus, candidates for in-work support might also have been few. However, if in-work support is to be taken up and help people to stay in work, then promoting this service clearly and repeatedly might help people understand and remember that they can access support if they require it.

5.7.6 Client choice

The Provider-led Pathways model in the areas observed in the study provides for people to attend a first interview at Jobcentre Plus and further interviews at one stipulated provider organisation. Clients did not, therefore, have an opportunity to exercise choice regarding who provided support. Nonetheless, the study findings relating to people returning to Jobcentre Plus for help and advice suggest that people had found ways to exercise choice where they felt it necessary. For example, one reason for returning to Jobcentre Plus was to search through a wider and better range of job vacancies than advertised by the provider, which highlights questions about providers' links with local employers and methods for learning about vacancies. The arrival of people seeking support at Jobcentre Plus presented staff with an unexpected burden, especially where they felt they should do what they could to help the individual who approached them. However, the situation might be different, and people might not return to Jobcentre Plus for assistance, in Provider-led Pathways districts where incapacity benefits recipients have a choice between two providers.

5.8 Summary: lessons learned so far

5.8.1 Client circumstances and attitudes

In this study, as in previous studies evaluating the Pathways pilot (Knight *et al.*, 2005; Corden and Nice, 2006), there was found to be variation in people's circumstances and outlooks regarding work. As before, people's attitudes to work and perceptions of barriers to work were critical in forming their perceptions of Provider-led Pathways and the likelihood of being helped back into the labour market. It seems particularly hard to progress people who feel that they cannot be helped, and whose attitude to the offer of help is the most significant barrier. It

seems that people who can be motivated, or encouraged to think more positively about work, can be helped by Provider-led Pathways. It will be important to observe over time whether, as Provider-led Pathways develops, it can make a difference for people who feel there are multiple reasons why they cannot work and do not think it likely that they will work again.

5.8.2 Working well

This study found a number of aspects of Provider-led Pathways that seemed to be working well. In particular people were impressed with the friendly and helpful attitude of staff and the calm environment within provider premises. There were also particular forms of support that seemed to resonate well with people's needs, such as intensive personal support that extended to practical assistance in searching for a job. The views of some provider staff, provider managers and clients indicate that Provider-led Pathways can be influential in changing attitudes to work, making progress towards work, and taking steps into paid employment. However, it should also be noted that other factors are also important in people's progress, such as their own motivation and aspirations; finding flexible employment (or self-employment) to suit health conditions and caring responsibilities; and support from family, friends and other professionals and organisations.

5.8.3 Problems emerging

In many ways, the teething problems in Provider-led Pathways reflect those of Pathways delivered by Jobcentre Plus. For example, as found in this study, during the early months of the Pathways pilot there was found to be a lack of knowledge and experience among staff; and systems, processes and interventions were not always functioning without problems (Dickens *et al.*, 2004a; Dickens *et al.*, 2004b). Some of these problems faded over time as processes and programmes were refined, and as staff became more experienced (Knight *et al.*, 2005). There are, therefore, indications that early problems in Provider-led Pathways could be eased over time, with continued staff development, consolidation of training, adequate support systems, and collaboration with Jobcentre Plus.

There are also problems that are not comparable to Jobcentre Plus-led Pathways, but that also seem temporary. For example, problems associated with the new way of working between Jobcentre Plus and provider organisations, such as poor information flow between them, might be eased as staff learn to trust each other and become familiar with their roles. Information provision for clients from Jobcentre Plus (about the requirements of participation in the programme) and from providers (about particular forms of support) might also be expected to improve over time.

However, other problems that have emerged from this study may need to be observed over time and responses considered. These problems include:

- the way that provider staff are incentivised to focus on people who are considered job ready and leave those furthest from work inadequately supported because of the way providers are contracted to deliver job outcomes and are paid according to the number achieved;
- uncertainty about divisions between roles and responsibilities regarding the use of waivers and deferrals, service provision and case management;
- a lack of guidance for providers in operating day-to-day procedures and for delivering particular interventions such as the Condition Management Programme;
- the loss of support to people who may still need it to re-enter the labour market because they lose entitlement to incapacity benefits;
- unmet needs, where the design of the support offered has not been tailored to suit the individual;
- a lack of choice for clients regarding who provides support and the burden on Jobcentre Plus staff when people return for assistance.

5.8.4 Concluding comments

This study of the early implementation of Provider-led Pathways sought to explore early experiences and views of key informants. We have suggested that some of the problems so far might require changes to policy or guidance, for example to address the lack of clarity about the roles and relationship between Jobcentre Plus and provider organisations. In contrast, many other problems might be considered ‘teething problems’ that are likely to diminish with the increased knowledge and experience that will build up over time.

It was not within the remit of the study to assess the impact of the programme, nor to compare Pathways contractors’ performance with Jobcentre Plus’s delivery of the programme. As mentioned in Chapter 1, there will be further evaluation research on Provider-led Pathways over the coming years that will address the questions of the impact and cost-effectiveness of delivering government welfare to work programmes via contracted-out services. Although an ‘early implementation’ study cannot answer these questions, the findings have provided insights into what was working well and problems that had emerged during the early months of Provider-led Pathways.

Appendix A

Provider-led Pathways, early implementation study: research methods

A.1 Recruiting participants

The research involved empirical work with key actors in Provider-led Pathways, generating data from multiple perspectives and providing early insights into different roles and experiences. Qualitative group or individual interviews were conducted with new incapacity benefits recipients, Jobcentre Plus advisers (known as Provider Led Pathways Advisers (PLPAs)), frontline and managerial staff at provider organisations delivering Pathways, Jobcentre Plus Third Party Provision Managers (TPPMs), and contract management staff of the Department for Work and Pensions (DWP).

The research was conducted in six Jobcentre Plus districts that started delivering Provider-led Pathways in the initial phase of the pilot in December 2007. The six locations were chosen to ensure that there were six different provider organisations, and to provide a geographical spread.

A.1.1 Jobcentre Plus advisers, TPPMs and Contract Managers

In each area, the aim was to recruit four to six PLPAs for one group discussion, and the TPPM responsible for the Pathways contract for an individual interview. Participants were recruited in consultation with the management team in each district.

PLPAs are responsible for conducting the initial work-focused interview with new incapacity benefits claimants at Jobcentre Plus, for informing clients about the Pathways programme and for referring them to the Pathways provider. Group

discussions with PLPAs were designed to capture early experiences of carrying out this new role and, in particular, understand the nature of the processes and relationships established in handing over clients to the provider organisation. It was thought that interviewing PLPAs in groups would maximise the number of advisers included in the study and reduce the risk of generating limited data on important topics. PLPAs were sought from different Jobcentre Plus offices within each district, in order to observe and understand any variation in experience within districts.

TPPMs are Jobcentre Plus employees whose role is to liaise with contractors of Jobcentre Plus services. It was understood that the TPPM working on the Pathways contract in each district would be involved in the implementation of the pilot and a main point of communication between Jobcentre Plus and the Pathways provider.

The DWP Contract Manager linked to each of the six Pathways providers were also invited to take part in individual interviews with researchers. It was expected that they would also be able to share insights into the implementation of Pathways from a management perspective. However, their focus was understood to be on ensuring contractual requirements were adhered to and on monitoring performance against set targets. Contract Managers were recruited using contact information supplied by a DWP research manager for this purpose.

During the interviews with Contract Managers it became apparent that not all of the managers recruited to the study had been responsible for the Pathways contract since the contract had been awarded, or had been able to follow developments through implementation. This is because an important structural change occurred in DWP's management of contracts after the Pathways contracts were awarded but before the research interviews took place. This change transferred responsibility for the contracts of the top thirty largest contract holders (including a number of Pathways contractors) from regional level to a national Supply and Relationship Management team based in three locations. Thus, a number of the Contract Managers interviewed were currently managing the Pathways contract, and had seemingly done so since the contract had been awarded because they had become part of the Supply and Relationship Management team, and retained their role in relation to Pathways. A further number of managers had managed the Pathways contract from pre-contract discussions through to the early stages of implementation, but had transferred this responsibility to a manager in the Supply and Relationship Management team in April 2008 and were no longer involved with the pilot. In this case, some attempts were made to recruit the relevant new managers to the study group too, but difficulties contacting the right person and pressure from the project timetable meant that these interviews were not achieved.

A.1.2 Service provider staff

It was felt important to include both frontline and managerial staff in the study. The intention was to recruit frontline staff with advisory roles, even if these roles differed in their focus, who were understood to have responsibility for conducting work-focused interviews and/or delivering interventions. The perspective of frontline staff was expected to aid understanding of how providers organise their provision and give insights into early experiences of working with clients and Jobcentre Plus. Group interviews with frontline staff were chosen in order to include more people and obtain a broader range of experience.

The research design also included interviews with managerial staff to learn more about strategic and structural matters regarding the implementation of Pathways and relationships between providers and Jobcentre Plus, and providers and DWP Contract Managers. Individual interviews were sought with one manager with operational responsibilities at each of the six districts in the study.

A.1.3 New incapacity benefits recipients

In designing the study, the researchers considered building a study group comprising both new incapacity benefits claimants and existing claimants. However, it was thought that the two groups would have important differences that warranted treatment as distinct groups for research purposes. New claimants are required to engage with Pathways and some may be reluctant or concerned about moving towards work. On the other hand, existing claimants who engage with Pathways will be doing so because they have volunteered to take part, and are, by definition, a self-selecting group who are motivated to work already. Therefore, the aim was to concentrate only on new claimants, who were expected to present a wide range of health and financial circumstances and various barriers to employment.

The intention was to recruit a total of 30 new incapacity benefits recipients (five per area), representing a mix of ages and a roughly equal balance between men and women. It was expected that a range of health conditions and numbers of interactions with elements of the Pathways programme would be found amongst the achieved study group without sampling for it. Individual interviews were selected in order to give sufficient time for thorough exploration of individual experiences and views.

DWP provided the research team with a database of information about people who had attended their first work-focused interview at Jobcentre Plus during February, March and April 2008. Using the contact information supplied, letters were sent to 50 people with the most recent experience of their first work-focused interview (i.e. those interviewed in April) in each of the six study areas. The letter introduced recipients to the research and explained that a researcher may be in touch to invite them to take part in an interview. Recipients of the letter had the opportunity to opt out of the study at this stage by returning reply slips in pre-paid envelopes or by contacting the researchers by telephone or email. At this stage, 40 people returned the reply slip to remove themselves from selection for the study, with

some attaching notes of explanation for why they felt unable to take part. Two more people either emailed or telephoned the researchers to opt out of the study. In addition, nine letters were returned to the research team because the recipient no longer lived at the address. However, 11 people contacted the research team or DWP after receiving the initial letter to say they would like to take part and were included in the final study group.

Using the database information on age and sex, the researchers then selected and recruited people to the study group by telephone. In total, as Table A.1 shows, 45 people were contacted at this time and 14 people declined to take part. Reasons given for not taking part were being too unwell, not having any contact with the Pathways provider because of moving into paid work or claiming a different benefit, and not wanting to take part. One person agreed to be interviewed but this appointment was later cancelled when they became unwell and were admitted to hospital.

Table A.1 Recruitment

	People across all six areas
Invitation letters sent	300
Opted out after receiving the invitation letter	42
Opted in after receiving the invitation letter	11
People contacted by telephone (including those who had already opted in)	45
Refusals upon being contacted by phone	14
Willing but appointments not kept/cancelled	1
Interviews completed	30

Only four people were interviewed in one study area due to difficulties in recruitment. However, this was compensated for in another area where a sixth person was recruited (and interviewed) after uncertainty about the availability of another person, who subsequently completed an interview.

Appointments for the face-to-face research interviews were arranged by telephone and confirmation letters were sent afterwards.

A.2 Conducting the research interviews and group discussions

This section describes how fieldwork was conducted and sets out the key elements of the research instruments used.

A.2.1 Jobcentre Plus advisers, TPPMs and Contract Managers

The fieldwork with Jobcentre Plus advisers, TPPMs and Contract Managers took place from June to October 2008. In total, 34 members of advisory staff representing at least 26 different Jobcentre Plus offices took part in six group discussions, each lasting for approximately two hours. All group sessions took place on Jobcentre Plus premises and were facilitated by two researchers.

Six TPPM interviews and six Contract Manager interviews, each of an hour's duration, were also achieved. To aid convenience, most of the TPPM interviews took place on the same day and at the same venue as the adviser group discussion because TPPMs were based on site. Interviews with Contract Managers were held at a different time and place, convenient for them.

At the start of all of the group and individual interviews, researchers explained the purpose of the research, the topics to be explored, and that participants could withdraw from the research at any time. The confidentiality of the research was also discussed and the group participants were asked to be mindful of the need to keep confidential the views expressed by others during the session. All participants were asked if they consented to take part and all signed in agreement (see consent form in Appendix B). Permission to audio record the group discussions and interviews was asked of all participants. Only one Contract Manager reserved permission and the interviewer took contemporaneous notes instead.

The main areas of enquiry for advisory staff were:

- their experiences of hand-offs to the provider organisation;
- any ongoing contact with clients and provider staff after referral;
- experiences of administering sanctions;
- their overall reflections on what is working well, what is not working so well and improvements that could be made.

The topics for discussion with TPPMs and Contract Managers encompassed:

- liaising with providers;
- monitoring contracts;
- the experience of incapacity benefits recipients;
- their overall reflections on what is working well, what is not working so well and improvements that could be made.

One topic guide was designed for the adviser group discussions, and another for the interviews with TPPMs and Contract Managers (also in Appendix B). These guides used headline questions to mark each new line of questioning and suggested prompts to enable researchers to move through the interview in a responsive way, tailoring questions and prompts, and time spent, to the topics most salient to participants.

A.2.2 Service provider staff

Group interviews with frontline staff and individual interviews with provider managers also took place from June to October 2008. In each of the six areas, five or six members of frontline staff attended group discussions, except in one area where only three people were available on the day and only one person was able to take part for the whole discussion. One of the six provider manager interviews was conducted with three members of managerial staff present, so that input could be made by people responsible for operational matters, the provider's performance and for the Condition Management Programme. All of the interviews were conducted on provider premises, with manager and frontline staff interviews in each organisation occurring on the same day. The group interviews typically lasted for two hours and the manager interviews for one hour.

Again, time was taken at the beginning of the interviews to explain the purpose for the research, the topics to be explored, and the voluntary and confidential nature of the interview. A consent form was signed by all and everyone gave permission for their interview to be audio recorded.

Research interviews with provider frontline staff and managers concentrated on four main topics:

- their dealings with Jobcentre Plus;
- experiences of delivering the Pathways programme;
- working with sub-contractors or other providers;
- their overall reflections on what is working well, what is not working so well and improvements that could be made.

As when interviewing Jobcentre Plus advisers, TPPMs and Contract Managers, two separate topic guides were used for interviewing staff and managers. Each topic guide contained key questions followed by suggested prompts to guide researchers and enable them to respond flexibly to what participants were saying. (The topic guides are at Appendix B.)

A.2.3 New incapacity benefits recipients

Thirty incapacity benefits claimants took part in qualitative interviews with researchers, at a time and place convenient to them. In the majority of cases, face-to-face interviews were conducted in the participant's home. In contrast, however, five people chose to be interviewed on Pathways provider premises either at their own request or because the researcher offered this as an option; and one person chose to meet the researcher in a local café. In addition, three people were interviewed over the telephone because they were unable to keep their original appointment to meet the researcher face-to-face, or because they did not want the researcher to visit them in person.

Another, separate topic guide was created for use with incapacity benefits recipients. The main areas of enquiry here were:

- experiences of contact with Jobcentre Plus;
- experiences of contact with the Pathways provider;
- whether any support or services were offered and received;
- their overall reflections on what was helpful, what was not so helpful and any improvements that could be made.

Again, researchers explained the purpose for the research, the topics to be explored and the confidential nature of the interview. All participants signed a form to demonstrate their consent to take part. A money gift of £20 was given to participants as a token of thanks. People interviewed by telephone were asked to give verbal consent at the time of the interview. They were then sent consent forms and the money gift in the post and asked to return the signed consent form and receipt. Most interviews lasted for approximately 60-90 minutes and were recorded with participants' permission. Two interviews were not recorded because the participant had limited spoken English and much of the discussion required repetition, re-phrasing and non-verbal communication; because the interview took place in a noisy environment; or because the participant was interviewed at short notice over the telephone and there was no time to set up recording equipment. In these cases, the interviewer made notes of the discussion at the time of the interview or immediately after.

A.3 Data analysis

Following the interviews and group discussions, all recordings were transcribed professionally.

The data held in transcripts or interviewer notes were analysed systematically and transparently, using the **Framework** method originally developed by the National Centre for Social Research (Ritchie and Spencer, 1994). Data were extracted after each interview and group discussion by either the researcher who facilitated the interview or group discussion, or a member of their own research unit team.

A thematic framework was developed for classification and summary of the data from interviews according to the themes emerging. This approach meant that the analysis was grounded in respondents' own accounts, at the same time enabling analysis to address key policy interests and issues. The building of the charts enabled data interrogation and comparison both between cases, and within each case, and the researchers used the data to build descriptions and search for explanations.

Group discussions provide a good opportunity to explore similarities and differences in the experiences and views of participants. Rather than extract each group participant's data separately, summaries of discussion were entered into

appropriate 'cells' in the charts to show explicitly where views were in agreement, were divergent, or were expressed by one person only.

Two members of the research team took responsibility for the analysis of the data and first draft of the report.

A.4 Characteristics of participating Jobcentre Plus advisers, TPPMs and Contract Managers

A.4.1 Jobcentre Plus advisers

All but six of the 34 Jobcentre Plus advisory staff who took part said that their current job title was PLPA. Those who were not PLPAs described their role as Customer Engagement Team Leader, Advisory Services Manager (or deputy for this role), District Office Technical Operator for the Pathways programme, or Disability Employment Adviser. Many of those who said they were not currently a PLPA explained either that their role involved contact with incapacity benefit recipients, or that they had been a PLPA at the start of the pilot and had only recently taken on a new role. The Technical Operator for Pathways was able to comment on the implementation of processes between Jobcentre Plus and the Pathways provider and had a role in liaising with staff at the provider and Benefit Delivery Centre.

All except one PLPA had experience of advisory work within Jobcentre Plus prior to Pathways, and most had been advisers for people on incapacity benefits. Other advisory roles had been taken in New Deal and Restart programmes. In addition, many had backgrounds in benefit processing. Other previous roles held were National Insurance Inspector, Diary Administration Support Officer, Advisory Services Manager, and Head Office Policy Adviser.

At the time of the research interviews, many of the Jobcentre Plus advisory staff had responsibilities in addition to the role they held in Pathways. Thus, some also advised lone parents, Jobseeker's Allowance claimants, people aged under 18, and partners of people on incapacity benefits. Three PLPAs were also Disability Employment Advisers, and two advisers had managerial responsibilities as an Advisory Services Manager and/or Customer Engagement Team Leader.

A.4.2 Third Party Provision Managers

All TPPMs interviewed acted as the link between Jobcentre Plus and the Pathways provider in their district. Whilst some worked solely on facilitating the Pathways contract, others were responsible for liaising with a range of contracted providers. One TPPM explained that they would discontinue their role in Pathways soon, when a Jobcentre Plus Pathways Manager was appointed.

TPPMs typically had many years service for the Department or Employment Service/ Jobcentre Plus. Their employment history often encompassed a variety of clerical, advisory, supervisory, project management, performance management or contract management posts. A number of TPPMs explained that they had experience of

collaborating with the local Pathways provider on previous Jobcentre Plus contracts, such as Employment Zones or New Deal programmes.

A.4.3 Contract Managers

As explained in Section A.1.1, contract management within the DWP underwent structural changes after the Pathways pilot began and before the research interviews. This meant that some of the Contract Managers interviewed had been responsible for managing the Pathways contract when it began but had since transferred responsibility to a member of the central Supply and Relationship Management Team; and some had maintained responsibility for the Pathways contract since the beginning.

Those Contract Managers who had retained the task of managing the Pathways contract were part of the Supply and Relationship Management Team. They were charged with managing all of the contracts held by a particular provider, including Provider-led Pathways contracts. Thus, one Contract Manager interviewed was responsible for monitoring the performance and practices of one provider who delivered Pathways in two districts. In contrast, those Contract Managers who remained part of local procurement management teams managed a range of contracts within the region or district, thus working with a number of different provider organisations.

All of the Contract Managers interviewed had at least five years' experience in contract management and procurement for the Department. Some employment backgrounds also included spells as Jobcentre Plus advisers, managers, programme co-ordinators or staff trainers.

A.5 Characteristics of participating provider managers and frontline staff

A.5.1 The provider organisations

Six different provider organisations were delivering Pathways in the six study areas. One was described as a registered charity, with national coverage. The remaining five were private enterprises; two operated internationally, two more were based in numerous parts of the UK, and one company was based in only one region of the UK. All had been operating in the UK for at least five years, and several had been providing services for 25 years. A number of provider managers explained that their organisation specialised in 'welfare to work' programmes, providing employment services for people with health problems. Others said that in addition to work-health projects they also focused on delivering learning and skills initiatives, or provided management information systems to public sector professionals, such as GPs. Several organisations had delivered services to incapacity benefits recipients previously, as part of Jobcentre Plus-led Pathways.

Two of the organisations were delivering Provider-led Pathways in only one Jobcentre Plus district. The number of Pathways contracts held by the remaining four organisations ranged from two to six contracts. Other DWP contracts currently held were for WORKSTEP, New Deal for Disabled People, other New Deal programmes and Employment Zones.

A.5.2 Provider managers

The people interviewed as 'provider managers' held posts of varying focus and seniority. Some were Operations Directors or Managers and were responsible not only for the delivery of Pathways in one district but for the Pathways contract in neighbouring districts, or other large contracts (such as New Deal provision) in the same or other districts. There were also people who were district Pathways Managers, with general oversight of the organisation's implementation of Pathways and performance. Two more managers with specialist roles were interviewed in one area, and they were tasked with monitoring performance or leading the delivery of the Condition Management Programme.

The majority of managers had been employed by the provider organisation for at least four years, and had been involved with the delivery of New Deal programmes, self-employment projects or Employment Zones. One manager said she had begun working for her current employer two weeks before the Provider-led Pathways contract commenced.

All of the managers demonstrated experience of working in the employment service/training sector. Two people had developed careers in the Employment Service/Jobcentre Plus before taking up a position with their current employer. Others talked of having worked for other 'welfare to work' service providers in the past on a range of projects similar in purpose to Pathways, or spent time as employees of organisations focused on developing training and skills initiatives.

A.5.3 Provider frontline staff

A number of in-house roles were represented by the 30 frontline staff who took part in the study (see Table A.2). Many participants were advisers responsible for conducting work-focused interviews, but the range of other frontline roles held within organisations demonstrates the extent to which service provision was delivered in-house. All participants had contact with Pathways clients and most had roles which were advisory in nature, whether generic or specialist.

Table A.2 Job titles and roles of participating frontline staff

Job title	Role	
Receptionist and administrator	Responsibilities for customer service, administration and finance	1
Initial Contact Adviser	Make initial phone contact with client and arrange appointments	1
Personal/Employment/Progression Adviser	Conduct work-focused interviews	13
Lead Link Adviser	Conduct work-focused interviews and liaise with Jobcentre Plus	1
Employment Broker/Employment Coach	Help job-ready people prepare for work (e.g. search for jobs, prepare CVs, practice interviews)	3
Jobsearch Administrator	Job search assistance only	1
Trainer	In-house training	1
Employment Support Broker/Client Liaison Consultant/In-Work Support Officer	In-work support	4
Employer Engagement Manager/Consultant	Links with local employers, establishing placements for work trials	2
Condition Management Programme practitioner/Occupational Support Coach	Information and advice about managing health conditions	2
Back to Work Calculations Officer	Advise about in work benefits and demonstrate how much better off financially clients could be in paid work	1

Not all frontline staff talked about how long they had been employed by the provider organisation. From those who did however, it is apparent that some had worked for the organisation for a number of years and been engaged in the development and delivery of other DWP contracts. In contrast, there were staff who had been newly recruited for the Pathways programme, either at the beginning of the pilot or a few months into delivery. It was suggested that this mid-pilot recruitment was timed to address the influx of mandatory clients to the programme.

Employment experience among the study group of frontline staff varied considerably. The list below demonstrates the diverse range of jobs held by staff in the past:

- sales and sales management;
- human resources – recruitment;
- administration and clerical work;
- customer service;
- construction;

- CCTV technician;
- education:
 - further education college
 - training and basic skills development
- welfare rights and debt advice;
- employment services, including Jobcentre Plus;
- self-employment.

A.6 Characteristics of participating incapacity benefits recipients

Targets for purposive sampling were a balance of men and women and a spread of ages. Fourteen men and sixteen women took part in the study. Table A.3 shows the ages of the study participants.

Table A.3 Age and sex of participants

Ages	Men	Women
18-30	2	6
31-49	7	6
50 plus	5	4
Totals	14	16

A.6.1 Household arrangements

People's views on working and their income requirements are strongly related to household and family circumstances. At the time the research interviews took place, a number of family types and households were represented by the participants, as demonstrated in Table A.4.

Table A.4 Household types amongst participants

Household type	Participants	
Two parents and dependent children	4	
One parent and dependent children	5	
Parent(s) and adult children	7	(1 of whom were parents and 6 were adult children)
Living with partner	4	
Living alone	10	

Many of the participants were living alone, five of whom said they were divorced, separated or widowed, and two people explained that they had a partner who did not live with them. A number of men who lived alone explained that they had children under the age of 18 who lived with an ex-partner, but it was not clear from the data whether they made any financial contributions to their upbringing. Nine people described having at least one dependent child, five of whom were single parents. Some participants with a domestic partner said that their partner worked either full- or part-time. In contrast, however, there were also partners who were unemployed, or not working because they were caring for young children or were experiencing ill health. Households where parents lived together with adult children were also represented in the study group in various ways. Mostly, this occurred where the participant was a young person who still lived in their parent(s)' home, or a parent with adult children living with them. In one case the partner of a young person also lived in the parents' home and in another case a young woman living with her mother was expecting a baby. In addition, there were households where an adult child had returned to live with a parent when they were unable to afford their own accommodation after stopping work, and households where a parent had come to live with their adult son or daughter.

A.6.2 Health

People's health conditions were not used in purposively selecting the sample. The expectation was that a spread across different kinds of conditions, particularly over the three main types of conditions reported by incapacity benefits recipients, would emerge naturally amongst those eventually selected. People told researchers about health complaints that had contributed to their decision-making in claiming incapacity benefits and that affected their capacity to work. Some of these health conditions continued to affect people's day-to-day activities at the time of the interviews and were often influential in decisions not to take up work-related activities or paid work. Some people had multiple health problems and all those mentioned to the researchers are recorded in Table A.5.

Table A.5 Self-reported health conditions

	All self-reported conditions
Musculoskeletal	16
Mental health	13
Cardiovascular	3
Other	24

Some musculoskeletal conditions had appeared gradually and others were the result of road traffic accidents, or injuries sustained at work. Arthritis, spinal problems and repetitive strain injuries were amongst conditions reported. A variety of anxiety and depressive illnesses, some of which had affected sufferers for a number of years and had resulted in breakdowns, were identified as main and secondary health conditions. The few who discussed having cardiovascular

illnesses described congenital heart deficiencies, high blood pressure, or high cholesterol. Among other conditions people talked about were cancer, asthma, emphysema, diabetes, thyroid problems, gynaecological problems, alcoholism, liver damage, a hernia and infectious diseases.

A.6.3 Finances and employment

Study participants were asked about their current and past status regarding benefits and employment in order to understand their movements onto incapacity benefits (and eligibility for Pathways) and any subsequent movements into paid work (movements into work are discussed in depth in Chapter 4).

Prior to claiming Incapacity Benefit (IB), or Income Support (IS) (on the grounds of incapacity), half of the study group had been in paid employment. Another sub-group had been out of work and receiving a different benefit, primarily Jobseeker's Allowance (JSA) though some had received entitlement to IS as a lone parent, or Bereavement Allowance. Two further participants had been receiving incapacity benefits for a number of years, as their ill-health had been long-standing. It appeared that they had become eligible for Pathways because they had recently lost entitlement to incapacity benefits and had then regained it on appeal, thus entering a 'new' claim for incapacity benefits.

At the time of the research interviews, four people had entered paid employment and stopped claiming incapacity benefits. One of these people was self-employed and at least one was also undertaking a training course. In addition, one person was working on a permitted work basis. The remainder of the study group were not working and most continued their claim for incapacity benefits. A number of the group had lost entitlement to incapacity benefits and now received JSA or IS as a lone parent. Some people still in receipt of incapacity benefits were undertaking training courses.

Some of those who were in paid employment had earnings supplemented by Return to Work Credit and Working Tax Credit. Additional benefits and tax credits currently received by some people both in work and not in work were Disability Living Allowance (DLA), Housing Benefit, Council Tax Benefit (HB/CTB), Industrial Injuries Benefit (IIB), Child Benefit and Child Tax Credit. Some people also spoke of how their partner's earnings or benefits (such as Pension Credit or IB), or maintenance payments for children, contributed significantly to household income.

Appendix B

Research instruments

Research study on a new government programme for people on incapacity benefits – Provider-led Pathways

Consent Form

I have received the information sheet and understand the purpose of the research and what it involves. ☐ Yes ☐ No

I understand that the information I give to the researchers will be treated in strict confidence according to the Data Protection Act. ☐ Yes ☐ No

I understand that the research report will include my views along with the views of other people, but I will not be identified. ☐ Yes ☐ No

I understand that I can withdraw from the research at any time without giving a reason. ☐ Yes ☐ No

I agree to take part in an interview with a researcher ☐ Yes ☐ No

Name _____

Signature _____

Date _____

Provider-led Pathways to Work: Early implementation study

Topic guide for group discussions with Jobcentre Plus Personal Advisers

Interviewer's introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of Provider-led Pathways to Work.
- The research units conducting the work are all independent organisations.
- This group discussion is part of some early research to look at how Provider-led Pathways has been implemented and is working. Researchers will be meeting with a number of Jobcentre Plus staff, provider organisation staff and, later in the year, Pathways clients from six of the new Provider-led districts.
- Our discussion today will concentrate on:
 - Experiences of hand-offs to the provider organisation
 - Any ongoing contact with clients and provider staff after referral
 - Experiences of administering sanctions
 - Overall reflections on what is working well, what is not working so well and improvements that could be made.
- The discussion will take around two hours.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign the consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- *keep all data in a secure environment;*
 - *allow only members of the research team (including administrators and transcribers) access to the data;*
 - *keep the data only as long as is necessary for the purposes of the research and then destroy it.*
-

1. Brief introductions

Background in Jobcentre Plus

Current role(s)

Previous experience

How many Incapacity Benefit claimants are they referring (say, per week)?

2. Experience of hand-offs

What happens during your work-focused interview with clients?

- What is discussed?
- What is decided?
- What do you tell people about the provider and what they will do?
- Experience of deferring/waiving WFI
- Any differences between volunteer clients and mandatory clients

How are referrals to the provider organisation made?

- Method of contact (e.g. phone, email, pre-set form); any personal contact with staff at the provider organisation?
- What information about the client is shared with the provider?

How are the transitions to the provider working?

- Client attendance at meetings with provider (i.e. are FTAs an issue?)
- Any problems; suggestions for improvements

3. Ongoing contact with clients and provider staff

After referral, do you have any contact with clients?

- Who initiates contact and for what purpose(s)?
- Regularity/ mode of contact

Have you had any experiences of people returning to you for any reason (such as benefit questions)?

- What is your role here?
- Level of contact with client
- Liaison with provider organisations
- Outcomes

What happens if clients want to access JCP initiatives such as Permitted Work, Return to Work Credit, Access to Work, Local Employment Partnerships job opportunities?

- What is your role here?
- Liaison with provider organisations
- Outcomes – any access issues?

Do you receive any feedback about client progress?

- Who from?/ What do you do with this feedback? Are any formal records kept?

Any other reasons to be in contact with provider after referral?

Refreshment break (10-15 minutes)

4. Administering sanctions

Have you any experiences of sanctioning clients for not attending the first WFI at JC+?

Any experiences of sanctioning clients for not attending further WFIs with providers?

- How do you become aware that clients have missed meetings with providers?

Probe for failing to attend WFIs at JC+ and providers:

Who decides when a client should be sanctioned?

Are providers involved in the sanctioning process at all?

How do clients learn about being sanctioned?

What responses have clients made to being sanctioned?

How is the sanctioning process working overall?

- Any problems; suggestions for improvements

5. Overall reflections

What is working well?

- For clients; for JC+ staff; for provider organisations

What is not working so well?

- For clients; for JC+ staff; for provider organisations

What improvements could be made?

- For clients; for JC+ staff; for provider organisations

Thank you very much.

Check they are happy for their views to be included in our work.

Provider-led Pathways to Work: Early implementation study

Topic guide for interview with (a) Contract Managers and (b) TPPMs

Facilitator's introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of Provider-led Pathways to Work.
- The research units conducting the work are all independent organisations.
- This interview is part of some early research to look at how Provider-led Pathways has been implemented and is working. Researchers will be meeting with a number of Jobcentre Plus staff, provider organisation staff and, later in the year, Pathways clients from six of the new Provider-led districts.
 - Our discussion today will concentrate on:
 - Dealings with providers
 - Monitoring contracts
 - The experience of Incapacity Benefit recipients
 - Overall reflections on what is working well, what is not working so well and improvements that could be made.
- The discussion will take around an hour.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign the consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- keep all data in a secure environment;
 - allow only members of the research team (including administrators and transcribers) access to the data;
 - keep the data only as long as is necessary for the purposes of the research and then destroy it.
-

1. Background information

- Personal background
- Current role within JC+
- Length of time in role

Which provider do they have contact with? How long have had contact?

What proportion of their work is taken up with [NAME OF PROVIDER]?

2. Contracted provision

What is [PROVIDER] contracted to deliver?

- Probe for 'outcome' measures/targets

Assessment of experience so far?

- Positive/negative?
 - o Probe responses. Why do you say that?
- Has experience differed from expectations?
 - o Probe responses. How? Explanations?
 - o Is volume of work what was expected? Probe implications
- What feedback have you had from frontline JCP staff about experiences?

3. Managing Pathways contracts

How do you scrutinise work of [PROVIDER]?

- WHO do you deal with?
- Use of management information?
- Contract reviews?/ Intervals
- Probe for use of 'quality standards'
 - o What are these?
- How is 'value for money' assessed?

PROBE:

- How is use of waivers/deferrals monitored?
- How are 'failed to attends' monitored?
- How is provider role in sanctions regime monitored?
- What is nature/frequency of contact?
 - o Formal/informal

4. Monitoring 'user' experience

- What is your role in monitoring 'user' experience? What is complaints/ evaluation procedure?
- What do you do (if anything) to investigate complaints?
 - o What has been learned from these?

5. Relationship with CM/TPPM

- How do they work with CM/TPPM?
 - o What is working well?
 - o What is not working so well?

6. Overall reflections

Are there differences in managing PLP contracts compared with other JCP contracts?

- Probe responses

What has been changed since the start of the contract?

- Has there been 'continuously improving provision'?
- How did change come about?

What is working well?

What is not working so well and what improvements could be made?

What are development plans for PLP contracts/ relationships with providers in the future?

Provider-led Pathways to Work: Early implementation study
Topic guide for group discussions with provider
organisation staff

Facilitator's introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of Provider-led Pathways to Work.
- The research units conducting the work are all independent organisations.
- This group discussion is part of some early research to look at how Provider-led Pathways has been implemented and is working. Researchers will be meeting with a number of Jobcentre Plus staff, provider organisation staff and, later in the year, Pathways clients from six of the new Provider-led districts.
- Our discussion today will concentrate on:
 - Dealings with Jobcentre Plus
 - Delivering the Pathways service
 - Working with sub-contractors or other providers
 - Overall reflections on what is working well, what is not working so well and improvements that could be made.
- The discussion will take around two hours.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign the consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- *keep all data in a secure environment;*
 - *allow only members of the research team (including administrators and transcribers) access to the data;*
 - *keep the data only as long as is necessary for the purposes of the research and then destroy it.*
-

1. Brief introductions

For each participant:

- Personal background
- Current and previous roles with provider organisation
 - PROBE – whether been with PLP since it began

Interviewer note: ASK ONLY IF NECESSARY – YOU MAY ALREADY HAVE THIS INFORMATION

Provider organisation background: type of organisation; date established; location(s); other contracts/projects

- Special training for PLP role?
- Size of individual caseloads (and changes since contract started)

2. Referrals from Jobcentre Plus

How are Incapacity Benefit recipients referred to you?

- Method of contact (e.g. phone, email, pre-set form); any personal contact with referring JC+ adviser?
- What information about the client is shared by Jobcentre Plus?
- Appropriateness of referrals – should any of your clients have been deferred or waived before being referred to you?
- Any problems; suggestions for improvements

Overall, how are client transitions from Jobcentre Plus to you working?

3. Available interventions

What interventions are you able to offer Incapacity Benefit recipients?

(Build a list of interventions/service names using a flipchart/large piece of paper)

Purpose; clients targeted

How are these interventions delivered?

- In-house or externally?
- Where external, sub-contracted or not?

(indicate next to listed interventions whether in-house or external; sub-contracted or not)

- What is the format of the service delivery? Group work/individual meetings
- Duration of intervention?
- Can people take part in more than one intervention at a time?

4. Working with clients

What has been easy/difficult in working with IB recipients?

- Probe for difficulties – ask for examples
- How does this client group compare with others?

Who does the client see on initial contact?

- Is there a set procedure they are meant to follow?
 - o Probe for details?
 - o Are there any interventions which you tend to use together/in sequence because they are complementary?
- How/how often do staff depart from set procedure?
- How do they use waivers and deferrals?
- How do they respond if someone fails to attend?
- Generally, do they think they have a lot of discretion in dealing with clients?
 - o Probe for where they think they are constrained
- Are there any interventions which you tend to use together/in sequence because they are complementary?

Are there mechanisms for obtaining client feedback?

After approx 1 hour, refreshment break (10-15 minutes)

5. Referrals to sub-contractors or other providers

[INTERVIEWER NOTE: We are looking for data on providers' usual/preferred practices. It is not necessary to ask each question about EVERY organisation the provider might deal with. However, examples that refer to particular organisations are useful]

How are referrals to sub-contractors/other providers made?

- Method of contact (e.g. phone, email, pre-set form); any personal contact with staff at sub-contractors/providers?
- What information about the client is shared with sub-contractors/providers?

What contact is maintained with external provider?

What are your views about the relationships you have with sub-contractors/other providers?

Probe: what is/ is not working well?

6. Ongoing contact with Jobcentre Plus

After clients are referred to you, do you have any contact with Jobcentre Plus advisers about individual clients?

- Are these ad hoc or routine?
- What is useful/unhelpful about these?

What happens if clients want to access Jobcentre Plus initiatives such as Permitted Work, Return to Work Credit, Access to Work, Local Employment Partnerships job opportunities?

- What is your role here?
- Liaison with Jobcentre Plus staff
- Level and quality of feedback on client experiences from Jobcentre Plus staff/ service providers
- Client outcomes

Have you had any experiences of needing to refer people back to Jobcentre Plus for any other reason (e.g. to deal with ongoing benefit questions)?

- How does this impact on your work with the client?
- Liaison with staff at Jobcentre Plus
- Client outcomes; outcomes for provider

7. Overall reflections

What are your views about the quality of the services provided under your PLP contract? Probe on quality of services provided by sub-contractors/other providers?

What is working well?

- Regarding helping clients to make progress towards work; which interventions/ ways of working are particularly helpful? Client examples
- Regarding working with JC+
- Regarding working with sub-contractors/other providers

What is not working so well and what improvements could be made?

- Regarding helping clients to make progress towards work; which interventions/ ways of working do not appear to be so helpful? Client examples
- Regarding working with JC+
- Regarding working with sub-contractors/other providers

Thank you very much.

Check they are happy for their views to be included in our work.

Led Pathways to Work: Early implementation study

Topic guide for interview with provider organisation manager

Facilitator's introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of Provider-led Pathways to Work.
- The research units conducting the work are all independent organisations.
- This interview is part of some early research to look at how Provider-led Pathways has been implemented and is working. Researchers will be meeting with a number of Jobcentre Plus staff, provider organisation staff and, later in the year, Pathways clients from six of the new Provider-led districts.
 - Our discussion today will concentrate on:
 - Dealings with Jobcentre Plus management
 - Delivering the Pathways service
 - Working with sub-contractors or other providers
 - Overall reflections on what is working well, what is not working so well and improvements that could be made.
- The discussion will take around an hour.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign the consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- *keep all data in a secure environment;*
 - *allow only members of the research team (including administrators and transcribers) access to the data;*
 - *keep the data only as long as is necessary for the purposes of the research and then destroy it.*
-

1. Background information

- Personal background
- Current role within provider organisation

Provider organisation background: type of organisation; date established; location(s); other contracts/projects

How long Pathways contract has been in operation

2. Contracted provision

What is organisation contracted to deliver?

- How much is this new for the organisation?

Assessment of experience so far?

- Positive/negative?
 - o Probe responses. Why do you say that?
- Has experience differed from expectations?
 - o Probe responses. How? Explanations?
 - o Is volume of work what was expected?
- What feedback have you had from frontline staff about experiences?

3. Managing staff

- Recruitment – how has this been handled? (e.g. staff with particular experience/skills identified; new staff recruited?)
- Staff roles/ number of staff on PLP, full complement?
- What training has been given to staff?
- Permanent/ temporary?

How do you supervise/monitor work of frontline staff?

- Use of targets?
- Use of quality management techniques (e.g. case reviews; case conferences?)
- How is use of waivers/deferrals monitored?
- How are 'failed to attends' managed?

4. Working with Jobcentre Plus

Who are you in contact with? [TRY TO ESTABLISH NAMES, JOB TITLES, LOCATION]

[TRY TO ASK FOR EACH PERSON MENTIONED – START WITH CONTRACT MANAGER AND TPPM]

- What is the formal relationship between you and (ASK FOR EACH PERSON MENTIONED)
- How is contract managed?
 - o Formal mechanisms?
 - o Management information
 - o Meetings/visits
 - o How do you maintain contact? (including frequency of contact)
- How does working with (...) help you?
- Are there any unhelpful aspects of your working relationship? Probe
- Has JCP required you to change any aspect of your provision?

5. Relationships with sub-contractors or other providers

Do you subcontract any aspect of your provision? Probe: which aspects? Why?

- Probe for whether relationships are working well or not

Do you also have contact with other providers? Probe: why? How did this come about?

- Probe for whether relationships are working well or not

What are your views about the quality of the services provided by sub-contractors/ other providers?

6. Overall reflections

Have adjustments been made to your management/delivery of PLP since the start of the contract?

- What has changed?/ How did change come about?

What is working well?

- Regarding helping clients to make progress towards work; which interventions/ ways of working are particularly helpful? Client examples
- Regarding working with JC+
- Regarding working with sub-contractors/other providers

What is not working so well and what improvements could be made?

- Regarding helping clients to make progress towards work; which interventions/ ways of working do not appear to be so helpful? Client examples
- Regarding working with JC+
- Regarding working with sub-contractors/other providers

Do you have development plans for the future?

What would you like to change?